

11-17-1986

Interim Hearing on Establishing A Master Plan to Reduce Substance Abuse in California

Senate Select Committee on Drug and Alcohol Abuse

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CALIFORNIA LEGISLATURE
SENATE SELECT COMMITTEE ON
DRUG AND ALCOHOL ABUSE
SENATOR JOHN SEYMOUR, CHAIRMAN

Interim Hearing on
**ESTABLISHING A MASTER PLAN TO REDUCE
SUBSTANCE ABUSE IN CALIFORNIA**

STATE CAPITOL
ROOM 3191
SACRAMENTO, CALIFORNIA
MONDAY, NOVEMBER 17, 1986
9:30 a.m. - 2:30 p.m.

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SENATOR JOHN SEYMOUR, CHAIRMAN

INTERIM HEARING ON

ESTABLISHING A MASTER PLAN TO REDUCE SUBSTANCE ABUSE IN CALIFORNIA

MONDAY, NOVEMBER 17, 1986
9:30 a.m. - 2:30 p.m.
State Capitol - Room 3191
Sacramento, California

MEMBERS:

PAUL CARPENTER
ED DAVIS
WADIE DEDDEH
JOHN FORAN
GARY HART
NICHOLAS PETRIS
ED ROYCE
DIANE WATSON

CALIFORNIA LEGISLATURE



IRENE KAVANAGH
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SENATE SELECT COMMITTEE
ON
DRUG AND ALCOHOL ABUSE

JOHN SEYMOUR
CHAIRMAN

December 1986

I would like to take this opportunity to thank all of those who participated in the November 17, 1986 interim hearing on the establishment of a master plan to reduce substance abuse in California.

The following transcript gives various opinions and viewpoints on this important issue and provides vital information which the Legislature will be able to use in the coming session.

A handwritten signature in cursive script that reads "John Seymour".

Senator John Seymour, Chairman
Select Committee on Drug & Alcohol Abuse



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BEFORE THE
SENATE SELECT COMMITTEE
ON DRUG AND ALCOHOL ABUSE

Interim Hearing on:)
ESTABLISHING A MASTER PLAN TO)
REDUCE SUBSTANCE ABUSE IN)
CALIFORNIA.)

STATE CAPITOL
ROOM 3191
SACRAMENTO, CALIFORNIA

MONDAY, NOVEMBER 17, 1986
9:30 A.M.

Nadine J. Parks
Shorthand Reporter

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MEMBERS

Senator John Seymour, Chairman

Paul Carpenter
Ed Davis
Wadie Dedden
John Foran
Gary Hart
Nicholas Petris
Ed Royce
Diane Watson

Staff:

Irene Kavanagh, Committee Secretary

Guest:

Assemblywoman Doris Allen

SENATE SELECT COMMITTEE ON DRUG AND ALCOHOL ABUSE

INTERIM HEARING ON

ESTABLISHING A MASTER PLAN TO REDUCE SUBSTANCE ABUSE IN CALIFORNIA

MONDAY, NOVEMBER 17, 1986
9:30 a.m. - 2:30 p.m.
State Capitol - Room 3191
Sacramento, California

OPENING STATEMENT BY CHAIRMAN

9:30 - 9:40 Senator John Seymour

PRESENTATION OF TESTIMONY

9:40 - 9:55 Honorable John Van de Kamp
Attorney General

9:55 - 10:10 Mr. Chauncey Veatch, Director
Department of Alcohol and Drug Programs

10:10 - 10:25 Mr. Peter O'Rourke, Director
Office of Traffic Safety

10:25 - 10:40 Mr. Jay Stroh, Director
Department of Alcoholic Beverage Control

10:40 - 10:55 Mr. Ed Veit, Deputy Director
Division of Parole and Community Services
Department of Corrections

10:55 - 11:10 Mr. James Rowland, Director
California Youth Authority

11:10 - 11:25 Pat Harrington, Captain
California Highway Patrol

11:25 - 11:40 Ms. Amanda Dew Mellinger, Manager
Health, Nutrition, and Physical Education
State Department of Education

11:40 - 11:55 Mr. Welby Cramer, Chairman
Youthful Offender Parole Board

RECESS FOR ONE HOUR

1:00 - 1:15 Mr. George Feicht, Legislative Chair
Calif. County Drug Program Administrators

1:15 - 1:30 Dr. Andrew Mecca, Executive Director
California Health Research Foundation

1:30 - 1:45 Ms. Carol Stein, Executive Director
Californians for Drug Free Youth

1:45 - 2:00 Mr. Lawrence Gentile, Legislative Chair
Southern California Program Directors

2:00 - 2:15 Mr. Troy Fox, Administrator
Merced County Alcohol Program

2:15 - 2:30 Mr. Ray Chavira
Advisory Committee Policy Chairman
Americans for Substance Abuse Prevention/Treatment

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P R O C E E D I N G S

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3 CHAIRMAN SEYMOUR: Good morning. Good morning,
4 ladies and gentlemen. We're here to conduct a meeting of
5 the Senate Select Committee on Drug and Alcohol Abuse.

6 The purpose of this particular hearing is to
7 try to solicit the answers to a number of questions.
8 First of all, should there be a coordinated effort, if
9 you will, a master plan, for dealing with substance
10 abuse in our State? Secondly, if there should be, then
11 how do we go about that? Is there a need for legislation
12 to set forth such a plan, and what would be the
13 appropriate agencies either working alone or working
14 together to carry out such a plan?

15 We have a long list of witnesses -- I think 17
16 witnesses. We're going to try to conclude the hearing by
17 2:30 p.m. We've allotted 15 minutes for each of the
18 witnesses. I would hope that you could limit your
19 presentations to 10 minutes, thereby permitting the last
20 five minutes for any dialogue or questions.

21 Our first witness -- and I'm very pleased to
22 have with us today -- is the Honorable John Van de Kamp,
23 the Attorney General. John, good morning.

24 ATTORNEY GENERAL VAN DE KAMP: Good morning.

25 Mr. Chairman, thank you for the invitation to
26 join you in discussing the need for a master plan to reduce
27 substance abuse in California. In written Chinese, the
28 word for crisis is a combination of character -- danger and

1 opportunity. And I think 1986 has been a year for the
2 drug crisis in California. Certainly in headlines,
3 newscasts, and speeches by the thousands, we've had a
4 full discussion of the dangers. And I am grateful that
5 you've had this hearing today to discuss the opportunities
6 for fighting back.

7 Drug abuse has become so pervasive and so
8 profitable an enterprise that we can no longer deal with its
9 destructive effects on a piecemeal basis. And I applaud
10 you for your work heretofore and for your support of what
11 I believe is in the making. And that is a coherent
12 statewide program, because I think that is essential. And
13 I'd like to describe this morning, if I may, what I think
14 the components of that program are and should be. Because,
15 as I will finish this morning, I will leave you, I hope,
16 with a couple of ideas with respect to what we could do
17 this year to keep this thing moving.

18 First of all, the program that we have to
19 develop in California must include effective enforcement
20 to deal with the drug supply. It must include strong
21 prevention and education programs to deal with demand.
22 And it must include effective treatment and rehabilitation.

23 My office has advanced proposals on both the
24 supply and demand side equation. In 1984, I received the
25 report of the Attorney General's Commission on Narcotics,
26 this report (indicating), basically produced by law
27 enforcement professionals.

28 And earlier this year, my Commission on the

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1 Prevention of Drug and Alcohol Abuse issued its report.

2 And I'd like to focus my remarks today primarily
3 on the work of these commissions, the recommendations,
4 many of them as yet incomplete.

5 Working from the recommendations of the Narcotics
6 Commission, we strove to organize enforcement efforts
7 around three principles. First, that California must
8 accept primary responsibility for fighting narcotics
9 produced within the State, produced within the State;
10 second, that we must maximize the efficient use of law
11 enforcement resources, and third, wherever possible,
12 we must attack drug distribution rings from the top on
13 down.

14 Now, while the cocaine and heroin trades extend
15 far beyond the reaches of State authorities, indeed, into
16 countries beyond our United States jurisdiction,
17 California itself is a world class center for production
18 of three other kinds of drugs: first, marijuana; second,
19 illegally diverted prescription drugs that are manufactured
20 primarily here in the United States; and then, third,
21 the products of clandestine drug laboratories.

22 Accordingly, we've developed strong law enforce-
23 ment programs in all three of these areas -- the highly
24 successful CAMP program, Campaign Against Marijuana
25 Planting, now concluding its fourth year. I think that
26 program is better than it ever has been before.

27 In Los Angeles, which is the national center for
28 diversion of prescription drugs, we launched Operation

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1 R_x in cooperation with the United States Attorney's
2 Office there, arresting more than 30 crooked doctors and
3 pharmacists. And just in the last two weeks, we've had
4 three more doctors who have been charged there growing
5 out of that investigation, which is a continuing one.

6 And finally, the Legislature has recently passed
7 AB 2692, a major new program for a coordinated assault
8 on clandestine drug labs here in California. So, on every
9 front, we are moving against drugs produced in California.

10 Our second major principle is to make efficient
11 use of scarce law enforcement resources. We're doing that
12 by fostering cooperation at all levels. And certainly, the
13 Operation R_x program is a good example of that.

14 On top of that, we have established 13 regional
15 narcotics task forces under the aegis, if you will, under
16 the catalytic influence of the Attorney General's Office.
17 And there will be more in the works this year. I think
18 you'll see that reflected in the Governor's budget.

19 We've also taken -- I say, "we," this Department
20 of Justice which I run, but it certainly started under
21 that administration of my predecessor -- we have taken
22 a leadership role in the Western States Narcotic
23 Information Network, standing for WSNIN. That is a
24 program which integrates the information on narcotics
25 trafficking in the five western states. We have a center
26 here in California that produces hot line information for
27 law enforcement agencies. And there's some 700 of them
28 that participate in the western states.

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1 And we've developed narcotic enforcement
2 training programs at our advanced training center to
3 strengthen the efforts of local police and sheriffs.

4 Our third effort and our third principle is to
5 attack drug efforts from the top down wherever we can.
6 And there to, with the help of the Legislature, we have a
7 coherent program underway. We've increased penalties
8 across the board. We've developed laws against the
9 rapidly evolving and highly dangerous designer drugs. We've
10 enacted the nation's toughest antimoney laundering laws
11 to get at the drug profits.

12 We've reformed California's asset forfeiture
13 laws to make it stronger and easier to use. And I believe
14 that as of the first of the year, you'll see a lot more
15 actions in State courts than ever before.

16 And finally, we have proposed the carefully
17 controlled use of electronics surveillance in narcotics
18 and organized crime cases. And in that area, I have to
19 show a loss, because the Legislature to date has not yet
20 approved that tool which has been so effective in other
21 States and under Federal law.

22 But by and large, on the supply side, the
23 enforcement side of the drug equation, I think it can be
24 said we've begun to establish a rational coordinated
25 policy at the State level.

26 Now, one of the major outcomes of this report
27 of the law enforcement professionals was a very strong
28 recommendation that we have to go beyond the supply side.

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1 We have to move on the prevention side. And so, I'd
2 like to turn my comments to that saying, in passing, that
3 I know you'll hear today from those who are particularly
4 interested in treatment and rehabilitation. And by my
5 remarks today, which will deal primarily with enforcement
6 and then prevention, I do not wish to diminish what
7 should be done there, and simply to say that no substance
8 abuse master plan can be complete without treatment and
9 rehabilitation. And that has to be part of the equation,
10 too.

11 But I must tell you that I'm especially anxious
12 that more work be done in early intervention and treating
13 for adolescents or even before kids get to adolescence.

14 That was the repeated theme of testimony before
15 my Commission on Prevention. And that need is also
16 recognized in the Federal Antidrug Abuse Act of 1986.

17 Last spring, before the Commission reported
18 out -- that is my Prevention on Drug and Alcohol
19 Commission -- before they presented their report, my
20 office released the results of a statewide survey of
21 California students.

22 And that survey found that midway through the
23 11th grade, those who have not experimented with illegal
24 drugs outnumbered those -- let me repeat that to make that
25 clear. Those who had experimented with illegal drugs
26 outnumbered those who have not. So, it's against that
27 background that the Commissioners concluded that the drug
28 and alcohol abuse program is an extraordinarily complex

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1 social, health, and cultural issue which will require
2 integrated and broad response by all facets of the State
3 and the community -- school, law enforcement, and public
4 and private organizations.

5 And then they went on to outline in detail a
6 program for addressing prevention at the State level,
7 proposing, in effect, a State master plan. At the core
8 of the Commission's recommendations are three specific
9 proposals for action at the State level. And I hope you
10 will pay particular attention to this, because this is
11 where we can act the most profitably in 1987.

12 First, they propose a State prevention council
13 with the Department of Alcohol and Drug Programs as the
14 lead agency. The council would be an interagency and
15 intergovernmental body created by the Governor and
16 charged with the planning, coordination, and promotion of
17 drug and alcohol prevention programs in the State of
18 California.

19 Second, they recommend the creation of a State
20 prevention resource center, which would provide information
21 to health care providers and the general public on drug
22 and alcohol abuse prevention programs on research,
23 curricula, literature, and films.

24 And, finally, perhaps most important of all in
25 my view in the long term, the Commissioners proposed
26 development and funding of a comprehensive kindergarten
27 to twelfth grade alcohol and drug abuse prevention
28 curriculum for all of the State's schools. And while that

1 curriculum must be implemented at every grade level,
2 the Commission urges that a special emphasis be placed on
3 children under 10 -- under 10. The Commission makes no
4 recommendation on the need for a single State office of
5 prevention in California, but that is certainly an idea
6 that should be considered.

7 It is worth noting, for example, that the Anti-
8 drug Abuse Act establishes such an office at the Federal
9 level replacing separate offices for drug and alcohol.

10 But I go back to that -- and I will go back to
11 that in a minute. I think of all the things that we need
12 to do to propose and to implement a kindergarten through
13 twelfth grade program may lead ultimately to the most
14 in our view that we can possibly do.

15 At the local level, the Commission proposes
16 community-based prevention councils. These would develop
17 and coordinate drug and alcohol abuse prevention activities
18 at the local basis, promoting innovative community programs,
19 developing stable funding sources, disseminating current
20 information, and providing the support system and
21 nurturing environment needed for drug and alcohol free
22 young people.

23 And I might say, too, what that does is put
24 government in a sense where it belongs, at the local
25 level, so that in California we don't have a monolithic
26 kind of structure; that we deal with local needs which are
27 discovered and dealt with at the local levels to the extent
28 possible.

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1 The goal would be to develop for each
2 community in the State a community master plan which
3 works with the news media, with religious and voluntary
4 organizations, with public and private schools, employers
5 in both the public and private sectors, health care
6 providers, and law enforcement and regulatory agencies.

7 Only through that kind of an approach can the
8 pervasive impact of the drug culture be attacked in every
9 local community.

10 Now, one key question that you'll be facing, as
11 I am, is where do we get the money? What's it going to
12 cost?

13 We did a study with respect to what it will cost
14 with respect to that K-through-12 program. And I get
15 varying figures that range from very roughly \$30 to \$50
16 million that would include K-through-12 all over the
17 State.

18 As to where we get the money, obviously there is
19 a very new and important potential source in the
20 Federal legislation that was just signed by President
21 Reagan. We're told that altogether, some \$32 million
22 a year will be coming into California for both enforcement
23 and prevention.

24 A big chunk of that money, in the neighborhood of
25 some \$11 million, could be applied to the K-through-12
26 curriculum that I propose. And funds from other sections
27 of the legislation could certainly be applied to local
28 community prevention councils, a statewide resource center,

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1 and other Commission proposals.

2 Now, I can't do full justice to the report that
3 we have issued so far in the ten minutes -- I probably have
4 already trespassed on those ten minutes -- but I think
5 that there can be no doubt that California needs a
6 master plan for substance abuse. And I believe you will
7 find that an excellent blueprint awaits you in the two
8 documents, if you will, that we have already produced.

9 At this time, I'd be happy to answer any
10 questions that you might have.

11 CHAIRMAN SEYMOUR: I have no questions, Mr.
12 Van de Kamp. I applaud you for the work that you've done
13 in this entire field, both in the supply side and your
14 recognition of the need to deal with the demand side
15 question of substance abuse. As we have in the past, I
16 and my Committee look forward to working very closely
17 with you in putting such a plan together.

18 ATTORNEY GENERAL VAN DE KAMP: As you know, we
19 met last year in such a hearing in San Diego, and a lot of
20 the ideas on the supply side were presented. And
21 because of the fortuitousness, I think, of the
22 nationalization, if you will, of the drug issue, we were
23 able to pass into law with your help and those of your
24 colleagues everything that was recommended. So, our
25 biggest problem on the supply side will be to put those
26 programs into implementation in the coming year. But I
27 think the major emphasis that I'm going to make
28 legislatively in the coming year -- and I look forward to

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1 working with you -- is what we can do on the prevention
2 side.

3 Thank you.

4 CHAIRMAN SEYMOUR: Thank you very much.

5 Our next witness is Mr, Chauncey Veatch.

6 Mr. Veatch is the Director of the State Department of
7 Alcohol and Drug Programs. Good morning, Chauncey.

8 MR. VEATCH: Good morning.

9 In the spirit of the Attorney General's opening
10 remarks, Mr. Chairman, I'd like to take that as a starting
11 point of my testimony today. I provided that testimony
12 and I'd like to highlight several items in that in the
13 ten minutes that I've been allocated.

14 First of all, I'd like to focus in three areas.
15 One is the Committee's specific charge today; second, the
16 specifics as far as the master plan generally and where
17 we will be heading in the future.

18 I think the very first recognition that we need
19 to make is the timing of this hearing today. Those of us
20 who labor in the field were gratified by the focus that
21 this issue received in the last election. This isn't a
22 partisan issue. And friends from across the country,
23 throughout the State, from every political background were
24 interested in this subject matter. Now that the election
25 is over, and the omnibus drug bill was signed by the
26 President, your Committee is going about the real work
27 of the continuity to continue to focus before the public
28 these issues.

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1 So the hearing today is vital in that very
2 first regard. Because what we do remember so vividly is
3 that we're engaged in the business of changing the attitudes
4 of society. And if, in fact, we don't keep this agenda
5 before the public, then, in fact, we ultimately will not
6 succeed.

7 Secondly, about the master plan in general,
8 we believe that the approach at any focus on a master
9 plan should be measured. The Governor has been very
10 clear and consistent -- just a month ago, he signed 17
11 bills. In fact, one of them was a bill carried by you.
12 And I might say that in the period of time that I've been
13 Director of the Department, we've had two landmark bills
14 in the alcohol and drug field. One has been the Lancaster
15 bill, and one has been your bill.

16 The Lancaster bill helped solidify and consolidate
17 historically in California to provide local entities,
18 the smaller counties the opportunity for greater
19 flexibility. It provided additional money to the field.
20 And more specifically, your bill just signed by the
21 Governor recently, provided for the drug side of the field
22 the opportunity for additional funds through the fines
23 to be assessed focused in the area of prevention, which
24 the Attorney General focused on, you know, in the primary
25 part of his remarks.

26 We think these bills are a legacy that will
27 serve California for years to come -- 10 to 20 years --
28 and, in fact, even beyond that.

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1 Specifically, then, about the national plan, those
2 of us who are directors in this administration work
3 very closely together. I believe that from everything that
4 I've witnessed personally and I've been told by those who've
5 worked in the field for a long time, that our cooperation
6 together as directors is somewhat unprecedented. I know
7 of no examples of any kind of turf problems, but rather
8 we work together. And I think that all those who will
9 follow me who serve in the administration will very clearly
10 attest to the same.

11 The preview of items which are forthcoming,
12 which play into the concept of some kind of master plan
13 include the following: In December, we will reporting to
14 the Legislature, a report which was mandated by the
15 legislation, on prevention programs. And quite clearly,
16 however we proceed in terms of any kind of master plan
17 thought, what would be in that report would be very, very
18 important. And that would be for members of the
19 administration and the Department of Education and the
20 Attorney General's Office as well.

21 Secondly, we need to look at the Federal
22 legislation just passed as a guideline. Since public
23 dollars are so precious in every single arena, we need
24 to make sure that we don't duplicate our expenditure of
25 those dollars and that the way in which we focus our
26 attention is most beneficial.

27 The omnibus drug bill signed by the President,
28 of which we in California were major players, also signals

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1 opportunity for us. As the Attorney General pointed out,
2 it provides additional money for us in the field basically
3 in three areas. One will be to augment the block grant.
4 Two will be to augment treatment. And the third will
5 focus on education.

6 And, in fact, a large portion of that is for
7 high-risk youth, which very clearly is the age group
8 that not only the Attorney General, but all of us, agree
9 deserves special focus.

10 So we have that bill. And as that bill starts
11 out, I believe that the Committee and other members of the
12 Legislature in concert with those of us who worked on the
13 bill, can pick the best of that for us in the short term
14 and in the long term evaluate other aspects of that Federal
15 bill.

16 Something else before we embark in other than
17 a measured fashion in this area would be to consider the
18 reauthorization of the block grant. Once again, a very
19 important calendar event occurs in this field in next
20 March and April. And that is the entire reauthorization
21 of the alcohol, drug, and mental health grants. That will
22 be before the Federal Congress. I will most likely be
23 a regular witness in that, inasmuch as I am the National
24 Chairman for all the state directors for legislation.

25 And as we reauthorize the block grant, we will
26 be discussing and setting the kinds of priorities that
27 would exist in any -- not only State and local, but
28 international -- master plan. So the opportunity for us to

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1 provide input after what transpires here today, and at
2 the same time to be measured so that we are appropriate in
3 our actions prior to the reauthorization is worthy of
4 remembrance.

5 Also, too, it really is with a lot of pleasure --
6 with the Committee's indulgence, rarely do I have the
7 opportunity to publicly really recognize the two right
8 hands that I have in my department. And we have a very
9 diverse field. And as the Attorney General mentioned
10 about substance abuse, well, we have an alcohol and a
11 drug division. And there's differences in those two that
12 the other witnesses will, I believe, bear out today. But
13 I'd like to introduce those two just -- Susan Blacksher,
14 our Alcohol Division Chief, and Dick Atlee is my Drug
15 Division Chief.

16 And clearly, those are the two point people
17 after myself here in California, and they have done such
18 a masterful job, I appreciate your indulgence for some
19 public recognition.

20 We also have other areas that impact master
21 plan (sic), because they impact the way funding will flow
22 not only in the Federal Government but in California in
23 the future. The bill -- the omnibus drug bill signed by
24 the President set up a formula for needs. Once again in
25 California, we were ahead of the curve. We've already
26 contracted with the County Drug Administrators Association
27 for a local need's assessment. And that has been completed.

28 Secondly, we have contracted with -- and the

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1 alcohol side of the field will be doing the very same.

2 And this kind of material can be provided to
3 the Federal Government because 55 percent of those dollars
4 will be based on a need's formula -- of the Federal dollars.

5 Needless to say, by having such a formula,
6 though, it does mean the dollars will not be getting out
7 to us as quickly.

8 The three areas that the Attorney General referred
9 to as far as the councils, the resource center, and the
10 curriculum, are areas that have been discussed, I believe
11 merit further consideration. And we would not prejudge
12 the final format of that, but we believe all three areas
13 have merit.

14 Lastly, the specific recommendations would be
15 that once again we realize that we have to set priorities.
16 And we have attempted to do so here in California. And I
17 want to review what those have been because we believe that
18 our course has been set and we intend to pursue and augment
19 those particular areas.

20 Again, I took the starting point as the
21 Attorney General's comments, and that was the area of
22 prevention. We believe that prevention are the broad
23 shoulders on which the entire field can benefit. Shortly
24 after the Governor became Governor, these -- these very,
25 very important fields to the alcohol field as it relates to
26 prevention were developed. I commend them to you once
27 again, because we believe this framework for community
28 initiative provides precisely that kind of master plan in

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1 the area of alcohol prevention specifically and that it
2 provides the planning for the local community as well as
3 the State.

4 Lastly, as I said, the prevention are the
5 broad shoulders. And let me explain why I believe
6 prevention are the broad shoulders for the whole field.
7 When we look to the prevention activities, be they for
8 youth or for the adult population at large, then we
9 realize in the community what kinds of programs we have
10 available in our community.

11 And at the local level, the citizens will then
12 be more directly involved in either improving the quality
13 of those programs or providing programs where none currently
14 exist. So that, in fact, will impact the treatment,
15 the rehabilitation, the intervention, and other activities.

16 So, clearly, we really applaud the Committee.
17 And I guess there's no other way to say it, but I did a
18 run this morning before coming over -- a run of all the
19 other States in the country to confirm to see if I was
20 accurate -- and in no state in the country is there a
21 Committee at the level of this Committee here in the
22 State of California.

23 So, clearly, what we're doing is -- is leading
24 the nation in terms of the Committee's focus. And I can
25 think of no other way to be reminded as I was this morning
26 that most states that have two separate offices are now
27 combining their State organizations -- Texas just
28 reorganized a State office to mirror ours in California.

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1 Illinois reorganized theirs to mirror ours in California.
 2 Michigan reorganized theirs to mirror ours in California.
 3 And what they're mirroring is the plan we already have in
 4 existence, which is that delicate balance between local
 5 planning to advisory boards up to the County Boards of
 6 Supervisors to the State. We have two advisory boards --
 7 one on drug and one on alcohol.

8 And then we -- it's a system of checks and
 9 balances currently in place to develop the plans for
 10 prevention and for treatment, for rehabilitation and
 11 intervention.

12 So, basically, that's the theme of my printed
 13 remarks, and I welcome any questions.

14 CHAIRMAN SEYMOUR: Thank you, Chauncey. Thank
 15 you for your Department, Susan, and Dick. We are very
 16 pleased to have you here today and publicly recognized
 17 by the Director.

18 Chauncey, you and I have chatted in the past
 19 relative to the idea of a master plan. Do you think we need
 20 such a plan?

21 MR. VEATCH: I believe to a certain degree by
 22 the process, we have a master plan in place. And I
 23 believe that if we focus specifically on a master plan, I
 24 have some qualms. And these are stated as follows:
 25 Newsweek Magazine in June said they were going to cover the
 26 war on drugs. And all too often they say drugs and alcohol
 27 is an afterthought. We have to keep reminding everyone
 28 in society that that shouldn't be the case.

1 But the war on drugs is a story like the War
2 in Vietnam. And that, rather than pleasing me, troubles
3 me. It troubles me because the media now are engaged --
4 they're helping us out by covering this story. But where
5 it's hurting us is we get questions like, "What's today's
6 body count?"

7 And cocaine -- yesterday, the abuse was at this
8 level; is it higher today? Or is it lower today than it
9 was a day ago?

10 These kinds of -- it provides a Catch-22 for us.
11 Because we're engaged in something far more specific than
12 body counts as to numbers of people we get into treatment
13 and numbers of people we cure, but rather it's much
14 broader than that.

15 Once again, we are attempting to affect society's
16 attitude. So, I would say -- whether a master plan is a
17 five-year plan, regardless of whether we engage in a
18 master plan, we need to look at a decade, a decade focus.
19 And we've been doing that in a way that the Legislature
20 and this Committee considered bills and packages for the
21 future, the testimony that you will receive on drug
22 testing, for example, all across the State will provide
23 the public discussion for years ahead in that particular
24 area.

25 If we lock ourselves into a master plan and
26 say in this year we'll do the following, and this year
27 we'll do the following, then we succumb to the downside of
28 trying to provide the body count. And I believe that that--

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1 that has -- I'm very, very concerned about that.

2 The reason I say that, too, is that when a
3 layperson asks me, "What treatment works? What's the best
4 treatment for my alcoholism? What's the best treatment
5 for my drug addiction?"

6 Well, there's not one best. There are many
7 different fine ways, just as there are many different
8 people. And we can't engage in these absolutes. And it's
9 one of the most difficult things we labor in in this
10 health field. But because we can't labor in the absolute,
11 I would be very cautious about a finite master-plan-type
12 deadlines.

13 And I believe the system we have in place
14 already provides for flexibility for us to continue to
15 implement all -- all of those items that we need for the
16 future.

17 CHAIRMAN SEYMOUR: I appreciate that. I guess
18 my concern, Chauncey, is that you and I are well aware of --
19 working in the public sector -- that there's a time for
20 something.

21 MR. VEATCH: Right.

22 CHAIRMAN SEYMOUR: And I think the media and
23 what they've done and how they've focused provides us with
24 a very unique window of opportunity, that opportunity
25 meaning -- and I haven't concluded that there should be a
26 master plan. That's obviously the purpose of this hearing,
27 and you and I have talked about this for three years, so it
28 isn't some Johnny-come-lately political knee jerk thoughts

1 we're talking about.

2 But it seems to me if that idea is meritorious
3 for a master plan, now is the time to push for it. Because
4 you, as well as I, know that the focus will be something
5 else two years from now.

6 And this problem will be there and will always
7 be there. I was reminded in one of the hearings we had
8 recently that we will never rid society of drugs. Drugs
9 have been around since Biblical times. I believe that to be
10 true. On the other hand, we can certainly do everything
11 we can to minimize the use. And so, I see that window
12 of opportunity and should we not move this in 1987-1988,
13 that session, I'm afraid we'll miss the opportunity whether
14 or not it's needed. And when the focus and spotlight is
15 no longer on this issue, efforts will continue, I don't
16 know. I don't know.

17 MR. VEATCH: If I might respond specifically,
18 there is not opposition to the master plan as -- I think,
19 unless I was unclear -- but a very, very measured approach
20 is one that we do recommend, not to suggest that it wouldn't
21 be, but it's very, very difficult -- we have a new ally in
22 this battle that I believe has made the crucial difference,
23 and that is California's parents. And because they are so
24 involved and because they're even facing it on a daily
25 basis, more often in a way that so many other people in
26 this society don't, the impatience is there for us to do it
27 today.

28 And we want to focus today and we want to focus

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for the future appropriately. And that's -- that's --
the other comment that I made in my testimony merely was
to focus on the measured aspect of it.

CHAIRMAN SEYMOUR: Well, Chauncey, I thank you
for your testimony this morning. And thank you for the
outstanding efforts that you, on behalf of the Governor,
have provided our State. I, too, believe the State of
California is in a leadership role and is on the cutting-
edge of this issue as far as implementation of programs.

I look forward to sitting down with you, as we
always do every year, and working with you to put together
whatever package we're going to attempt.

Thank you.

MR. VEATCH: Thank you.

CHAIRMAN SEYMOUR: Our next witness is
Mr. Peter O'Rourke, Director of the Office of Traffic
Safety.

MR. O'ROURKE: Good morning.

CHAIRMAN SEYMOUR: Good morning, Peter.

MR. O'ROURKE: Good morning, Senator,

It is my pleasure to appear before you this
morning. One of the things, though, I'd like to point
out before we get too negative about things, there's a lot
of good things happening in California relative to
substance abuse. We have the "Just Say No" campaign and
all its various elements which seem to be catching on very
well. The Department of Education's offering a variety of
programs in the schools that they're optioned to use.

1 The Department of Alcohol and Drug Programs --
2 you have heard Chauncey speak to -- they have a number of
3 good things, including the assessments, which I think are
4 critical. Our office is involved in "Just Say No," but
5 also trying to deal with those who just won't say no, to
6 provide some realistic opportunities.

7 The California Highway Patrol has their very
8 successful Sober Graduation Program. The Department of
9 Motor Vehicles' provisional licensing study has given us
10 some good insight.

11 The Alcohol Beverage Commission in their dealings
12 with local entities to weeding out those establishments
13 that sell to minors.

14 Delvin Williams and his Pro for Kids program
15 has been expanded under other guises, but the same
16 approach.

17 The private sector taking a much better role
18 in embracing the idea that they have to get themselves
19 involved in server intervention training and take a
20 responsible attitude about their customers.

21 The professional sports is doing exactly the
22 same thing -- all three -- baseball, football, and
23 basketball. We'll see a lot more. For example, just in
24 Sacramento, using a designated driver, cutting off beer
25 sales early, those types of things.

26 California for Drug Free Youth is a growing
27 organization. We've seen the motion picture and television
28 industry take a whole new approach. Their depiction of

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1 drugs and alcohol now is depicted in a much more positive
2 light, and there's been a lot of good programs that's
3 relative to the abuse and inherent danger.

4 Obviously, we have MADD, SADD, Friday Night
5 Live Program that's expanding statewide; Driving Smart
6 and other programs similar to that, and then obviously, the
7 CAMP program.

8 So, there's a lot of good things happening. You
9 could go on listing them, such as AA, Alanon, the First
10 Offender Program, the Multiple Offender Program. And I
11 think that the passage of your two bills, SB-920 and SB-921,
12 and with AB-2206 again will be making a lot of good headway
13 into dealing with this issue.

14 So, I guess my point is we have a lot of good
15 components. But we may not necessarily have a coordinated
16 master plan approach. And this isn't too different from
17 what we had just a few years ago when we looked at the issue
18 of DUI in this State. And as a result, when the Governor
19 reissued the Executive Order creating Intergovernmental
20 Advisory Council on Alcohol, Drugs, and Traffic Safety,
21 we were able to pull all of the resources together that
22 are involved in that issue statewide to make a number of
23 recommendations, most of which have been followed to this
24 date and some we are still waiting to see enacted.

25 The Council is now beginning -- will be expanding
26 its activities the first of the year in holding some public
27 forums relative to substance abuse and the schools' ability
28 to deal with it. Do they feel they have the materials?

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1 And more importantly, do they feel they have the training?

2 And that's an area we'll be looking at.

3 And we'll be looking at the counties, as Chauncey
4 previously mentioned, they need to do -- the assessments
5 are being done, and what they need to do is communicate
6 better.

7 We need both sides talking to each other. As
8 the media has done, a lot of times they say drugs and
9 forget alcohol. I think you have that same thing occurring
10 in some counties. But we do see a change. So, that's
11 for the positive.

12 Attorney General Van de Kamp's report of the
13 Commission on the Prevention (sic) also looked at the
14 area of substance abuse, and in many ways compartmentalized
15 it. Not wrongly, I must add, but did compartmentalize it.
16 While they have some very good recommendations that we do
17 support, it seemed to be the bottom line was we needed
18 a children's super fund. And they're suggesting an
19 initiative later in '88.

20 That may be premature. It just may be
21 premature. Money may not be the solution. What we need to
22 do is follow up where ADP has already started, and that is
23 to get each county to assess where they are in the area of
24 enforcement, and education, and rehab, prevention, and
25 intervention, and treatment. We need each county to do that
26 so they know where they are at this point, and where their
27 weaknesses are, and where their strengths are so they can
28 consolidate their approaches. And they need to involve

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1 themselves with the public -- I mean with the private
2 sector as well, because there's a lot of good programs
3 out there that are being offered at the grassroots levels,
4 et cetera. They could be expanded upon and we could start
5 tailoring treatment, et cetera, to the individual, which
6 I think is important. Because as Chauncey mentioned
7 earlier, there is no cure necessarily, best treatment for
8 an individual.

9 One of the ways we think this can be approached,
10 we're hopeful anyway, is with the passage of AB-2206,
11 one of the prominent roles I think in the treatment and
12 rehab. portion of it, is at the judiciary. We have
13 some presentence investigations that take place and we
14 have some that don't take place. That bill says that our
15 office is to provide some guidelines and regulations for the
16 adoption of -- for presentence investigations,

17 We think if that does take place and the
18 counties adopt it statewide, we can begin tailoring programs
19 to the individual. One of the areas that I'm really
20 concerned about from a personal standpoint is the approach
21 we take in alcohol. We have a first offender program and
22 a multiple offender program. In my estimation, we should
23 eliminate that first offender program. And I think the
24 evaluation that will be coming up shortly may reinforce
25 that. But not -- that doesn't mean we don't provide
26 treatment to the first offender.

27 But when we look at the offender, the DUI
28 offender specifically, the vast majority are, in fact,

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1 problem drinkers. Why are we giving them eight hours of
2 course study when they need a lot more than that? And in
3 the first offender program in many cases, that's all it
4 does.

5 What we should have is -- if we have a proper
6 vehicle -- is a program that under the assessment we
7 identify the drinker's problem. I'm just discussing
8 alcohol right now. But we identify their needs and have
9 programs tailored to that, rather than just sent -- in the
10 first offender program, we have "an offender program,"
11 period.

12 I think that's one thing we ought to be doing.
13 As Chauncey mentioned earlier, I think the biggest
14 foundation that we need to build on is the prevention.
15 And we have a lot of good vehicles I think available to us
16 there. Most importantly, I think, will be the passage of
17 your two bills, SB-920 and 921, and the infusion of monies
18 we'll be receiving as a result of Federal legislation.

19 Those monies are designed for prevention and
20 education. And what we need to do is have a master plan
21 that deals with that aspect of it, a program that in the
22 educational system builds on a progressive basis, that
23 recognizes the development and the aging, the maturing
24 process of our students and can deal with those in a timely
25 manner.

26 We saw what happened when we tried to deal with --
27 back in the sixties just scare tactics relative to drugs --
28 out of marijuana specifically. All we did was create a lot

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1 of confusion and we will have the children of the sixties
2 maintaining -- that will say, you know, drug -- you know,
3 recreational drug and not to worry.

4 But we didn't have a systematic approach. We
5 just reacted to marijuana. We don't need to do that now.
6 We shouldn't do that now.

7 So, that's the foundation as I see it, is the
8 educational process, and improving our adjudication
9 process through 2206.

10 These things I think can be accomplished not
11 quickly. There is no short-term solution. It is a long-
12 term solution. When we want to look at success in this
13 area, we'll have to look to the next generation. Did we
14 do a good job in the schools? And if we can say, yes, then
15 we have a success. In the interim, there are some short
16 measuree that can be taken as I mentioned already --
17 improving the judiciary process, developing a program that
18 is progressive in the educational system, and taking a hard
19 look at the programs that are out there available to us
20 now, and strengthening the cooperation and communication
21 that takes place among the various entities,

22 If there are any questions, I'd be happy to
23 answer them.

24 CHAIRMAN SEYMOUR: Thank you, Peter. Let me
25 publicly thank you for your Department's efforts in this
26 entire field. A lot that you've provided in your statement,
27 I look forward to sitting down with you and seeing how we
28 do put that together.

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1 Would you respond to the question, from your
2 perception, the need for a statewide master plan, how you
3 balance that off with providing maximum flexibility at the
4 local level to treat the problem?

5 I don't know if you would agree, but it's been
6 my perception that the problem is different in San Diego;
7 it's different in Orange County. The basics are there, but
8 they need different approaches. How do you see that?

9 MR. O'ROURKE: I don't know if you have a
10 master plan at the statewide level that dictates to locals,
11 that you would be successful. As you mentioned, the local
12 entities have their options because the problems are
13 different. Drug use will vary by demographics. We know
14 that. We can look at San Diego, for example, they're doing
15 an awful lot in the area of drugs. The whole city has taken
16 the posture, we say no to drugs on a broad-base focus.

17 But, again, what they're using in the schools
18 varies from school to school And I think that can be a
19 problem for us in the long run. If there is a need at least
20 for some consistency, it is at the school level. The
21 Department of Education has a number of varied programs.
22 The school districts may or may not use them, may adopt
23 their own. We deal with it all the time just in the
24 traffic safety issue.

25 And it's one of those areas that we find
26 occasionally we give them conflicting messages. And the last
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1 thing we need to do in the area of alcohol and drugs is
2 to give conflicting information.

3 CHAIRMAN SEYMOUR: So, if there's a need for
4 coordination, you would say the greatest need exists in
5 education?

6 MR. O'ROURKE: Yes. If we're going to have a
7 long-term effect, it has to be in prevention and that
8 comes from a solidly based education program in my opinion.

9 CHAIRMAN SEYMOUR: Well, one last question and
10 we'll let you go, Peter.

11 We went after some Federal money a couple of
12 years ago or we started to. I don't know. I forget how
13 much, but we had to do two things. One, we had to achieve
14 a change in our law relative to consecutive jail time. And
15 the other was administrative removal of the license. And
16 I know you worked very hard in consulting and trying to
17 achieve that. The end objective was to get our hands on
18 some Federal money. Is that Federal money still there?

19 MR. O'ROURKE: It's still there. And we are
20 making a concerted effort this year to have the bugs worked
21 out of the administrative suspension of the driver's
22 license. And we're meeting now with the CHP and the DMV
23 and ourselves to resolve that in effect. If we can resolve
24 it, it will be our desire to come back and author that.

25 CHAIRMAN SEYMOUR: How much money is --

26 MR. O'ROURKE: \$14 million.

27 CHAIRMAN SEYMOUR: Is that one time?

28 MR. O'ROURKE: Well, it's spread over a three-year

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1 period, but we're also looking at expanding the
2 eligibility period for five years. We were very successful--
3 I've testified before Congress on that issue before to get
4 some modifications to it. So, they've recognized the
5 things that are occurring.

6 And if we just look at California, for example,
7 we've been penalized to a degree. We make virtually one-
8 quarter of all the DUI arrests in this nation, which says
9 we're doing a lot better than everybody else. And the
10 national average is one in two thousand; and for arrests
11 here in California, it's one in 200. And we've done a
12 great deal --

13 CHAIRMAN SEYMOUR: Either that or we've got a
14 worse problem.

15 (Laughter.)

16 MR. O'ROURKE: Well, it could be a combination.
17 But I think we have excellent training and we've enhanced
18 those things, like the use of Batmobiles (sic) and some
19 other things. Where we are the weakest, though, is the
20 perception of sanctions. Your chances, as I mentioned,
21 are one of 200 being arrested, but it's one to 300 that
22 you'll be arrested and convicted.

23 And while we've done a great job of enhancing
24 the perception of risk, we haven't the severity of the
25 penalty, the sureness of it. It now takes approximately
26 seven months from time of arrest till your license is
27 suspended, which requires a condition of probation.

28 We think if we had the administrative suspension,

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1 we would take some immediate action relative to the
2 driver's license, we would enhance the perception and the
3 realistic fact that you are going to be more than just
4 arrested, you're going to be punished quickly. And that
5 would go a long ways towards it. And we could use those
6 monies in other areas relative to prevention.

7 CHAIRMAN SEYMOUR: Well, one last question.
8 I think it was Assemblyman Bill Leonard and I that
9 discussed -- and I may have discussed it with you, Peter,
10 and that was if we got our hands on that \$14 million, we
11 would like to try to set up a -- in fact, we had even
12 talked about a specific site, and that was in -- I think it
13 was San Bernardino -- where in fact we would have a DUI
14 jail. And when they go to serve time -- because we have
15 two problems. One, we've got overcrowded jails and all that
16 argument; therefore, judges are not so willing to send
17 them for some time. And, then, they go there, big deal.
18 You know, what occurs?

19 So, they're behind bars. And so, we were
20 looking at a DUI correctional facility, if you will, that
21 would be specialized and provide some education,
22 treatment, counseling whatever, might really help. In your
23 opinion, does that idea have any merit?

24 MR. O'ROURKE: It does have some merit. One of
25 the reasons I say that, we've looked at Arizona. And they've
26 done exactly that. They have a DUI facility, built-in
27 prevention and rehabilitation for multiple offenders. So,
28 there is some merit to it. And it's conceivable we could

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1 use those monies to do something in that area.

2 CHAIRMAN SEYMOUR: I'd like to see those
3 facilities.

4 Well, thank you so much for taking your time.
5 And we appreciate your testimony and look forward to
6 working with you.

7 Thank you, Peter.

8 Our next witness is Mr. Jay Stroh, the Director
9 of the Department of Alcoholic Beverage Control.

10 Good morning, Jay. How are you today?

11 MR. ESPINOZA: I'm fine, Senator. Unfortunately,
12 Jay Stroh had a speaking engagement in another part of the State.

13 CHAIRMAN SEYMOUR: Oh, you're not Jay Stroh.

14 MR. ESPINOZA: No. My name is Manuel Espinoza,
15 and I'm the Assistant Director for Legislative and
16 Regulatory Affairs for the Department of Alcoholic
17 Beverage Control.

18 The Director sends his apologies. He was looking
19 forward to making this session, but he's at the
20 California Peace Officer's Association meeting.

21 CHAIRMAN SEYMOUR: Go right ahead.

22 MR. ESPINOZA: The Department thanks the
23 Committee for inviting us to testify. We, of course,
24 recognize our responsibility in taking an active role in
25 the fight against alcohol abuse and the social
26 consequences of it.

27 That role has historically, though, and
28 traditionally focused on the downstream part of the problem;

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1 that is, the apprehension and arrest of individuals
2 that violate the law in and about the places that sell
3 alcohol, and then disciplining those point of sale
4 locations for causing and permitting the violations to
5 occur.

6 So, therefore, our policies and programs have a
7 law enforcement orientation; that is, one that deals with
8 the results of substance abuse, rather than the upstream
9 orientation of attacking the attitudes and conditions
10 that cause members of our society to abuse the product.

11 The Department is not incognizant of the
12 presumption that there is a correlation between availability
13 and consumption on the one hand and on the other hand,
14 the overconcentration of licenses and high crime. Both
15 statute and the Department's own rules provide the basis
16 for limiting the expansion of licensed premises, but in our
17 opinion, not to the degree that a significant slowdown in
18 the issuance of licenses can be achieved under present law.

19 The Department agrees that a master plan would
20 be appropriate. And in our opinion, in order to be truly
21 effective, it must incorporate an approach that involves
22 all agencies and organizations involved with the problem,
23 from researcher all the way the policeman. This is now
24 taking place to a certain degree within this administration
25 with the intergovernmental council that Director O'Rourke
26 spoke about of which this Department is a member.

27 It's also taking place in a less formal degree
28 within the departments of our own agency -- Business,

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1 Transportation, and Housing.

2 ABC communicates fairly regularly with the
3 California Highway Patrol, the Office of Traffic Safety,
4 and the Department of Motor Vehicles in an effort to pull
5 together, use, and act on information of mutual interest
6 such as DUI studies, the CHP drunk driving awareness
7 programs that takes place during holidays, and minor
8 identification training for retail licensees.

9 In addition, in the past few years, the Depart-
10 ment has taken its own steps to coordinate our efforts
11 with a broader range of State and local agencies which also
12 have a common law enforcement interest.

13 Our goal here is to maximize the use of
14 resources and to get more bang for the buck. Recent
15 examples of this is an article that was prepared by our
16 Chief Deputy Director George Reece for the publication
17 Narcotic Officer, which is entitled, "How to Successfully
18 Use ABC in Your Fight Against Illegal Drugs," and another
19 article which was published, which appeared in the
20 Journal of California Law Enforcement, which deals with
21 "The ABCs of ABC Decoy Programs."

22 The guidelines and recommendations contained
23 in those articles are being implemented on a statewide
24 basis as part of our team-approach philosophy in combatting
25 illicit drug transactions and sales to minors violations
26 on licensed premises.

27 We've also increased our penalty schedule for
28 violations involving the sale and use of illegal drugs on

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1 licensed premises and repeat sales to minors.

2 In addition to that, we will continue to
3 pursue initiatives through the Legislature such as those
4 that resulted in the distinctly marked drivers license for
5 minors -- which I think you're aware of Senator -- and
6 the power to seek injunctive relief through the courts in
7 cases where we have repeat violators that -- that cause
8 a problem and continue to violate the minor (sic) laws.

9 We do not claim, of course, to have any answer
10 to the solution. But we have seen how some of the findings
11 of our colleagues on the research end of this effort have
12 helped us to formulate new and effective enforcement
13 strategies such as the "no hawking" conditions in sports
14 stadiums, our ABC police enforcement teams, and by
15 placing certain limitations on the brewery college campus
16 promotion programs that are sponsored and carried out by
17 manufacturers in the brewing industry.

18 And lastly, our server training programs for
19 resale licensees. Now, just how the Department of ABC
20 fits into the big-picture approach is something that I
21 think we all need to consider. We at ABC have a clear
22 understanding of what our own mission is. But -- and we
23 think we go about that rather well. But there is no
24 question in our mind that the united, coordinated, and
25 focused approach involving all team members would be more
26 efficient and effective in bringing about the positive
27 change and improvement in this -- in this condition.

28 Thank you.

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1 CHAIRMAN SEYMOUR: Thank you very much, Mr.
2 Espinoza. You might relate for my purposes, and perhaps
3 for the people that are here today who may not be as
4 intimately familiar with your server training program,
5 just give me a quick rundown on how that works.

6 MR. ESPINOZA: We, in response to requests from
7 retail licensees, or associations of retail licensees
8 throughout the State will provide an investigator to
9 conduct training for those groups. Usually we like to get
10 at least 20 -- 15 to 20 retail licensees and their
11 employees together.

12 And we'll go through the sections of law that
13 deal with what is a bona fide identification, what are the
14 symptoms of obvious intoxication, the overt symptoms, the
15 things that our people, of course, are trained to do. We
16 try to pass it on to them so they can identify and recognize
17 someone that may be under the influence.

18 It is -- we emphasize those two areas in our
19 training programs. It's not a formal program. It's based
20 on our own experience. And those two kinds of violations,
21 I think, are the most prevalent with respect to on sale
22 establishments. But we go through the litany of the
23 symptoms and a bona fide type of identification.

24 CHAIRMAN SEYMOUR: It seems to me, as we look
25 at this question of server trainer -- and I considered
26 legislation in the past that might mandate server training --
27 if we were to consider that, that works fine for the big
28 big buy, the chain operator. But the little mom and pop

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1 operation is the one that it's extremely punitive to. On
2 the other hand, that doesn't mean that there isn't a need
3 out there.

4 I guess my question would be -- and if you don't
5 have an answer now, fine. I'd like to hear from you and
6 the Department in the future -- is there some way to
7 provide an incentive that would encourage the mom and pop,
8 the small operation -- they're the ones that need it and
9 don't have the resources, you know, to do it -- is there
10 some way to provide an incentive that would increase the
11 number of people who work on both on and offsite sales
12 to participate in such a program?

13 MR. ESPINOZA: Oh, yes. I think -- well, we
14 haven't -- we haven't considered an incentive program
15 for retail licensees. I think there are some areas within
16 which we could work on a program like that. For instance,
17 it may be a reduction in their license fee if they
18 participate in a server program during the first year of
19 their licensure and maybe every year thereafter. Some of
20 the fees are fairly high; others are very low.

21 And I'm sure there's some other areas, that if we
22 sat down and looked at our structure, that we could come
23 up with some incentive. We will give it some thought and
24 we will look --

25 CHAIRMAN SEYMOUR: I'd appreciate that.

26 MR. ESPINOZA: We'll be happy to.

27 CHAIRMAN SEYMOUR: Thank you very much. I
28 appreciate your testimony, and my best to Mr. Stroh.

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1 We have with us today a group from Grove
2 High School. I believe that's in the Kern County area,
3 is it? Are there members from Grove High School here?

4 MR. EVANS: That's Tulare County.

5 CHAIRMAN SEYMOUR: Is there a leader from the
6 group here?

7 MR. EVANS: I am. Richard Evans. I'm a teacher
8 from the social studies group at Grove High School.

9 CHAIRMAN SEYMOUR: Mr. Evans, I don't see the
10 kids.

11 MR. EVANS: Would you stand, students, please?

12 CHAIRMAN SEYMOUR: Oh, there they are.

13 MR. EVANS: We brought our principal as our cameraman.
14 This is Cecil B. Manning, his wife, and my wife, and my
15 daughter.

16 CHAIRMAN SEYMOUR: I know you're probably not
17 prepared, Mr. Evans, but I'm a little ahead of schedule --
18 if you can believe that's possible for government -- and
19 what I'd like is you, Mr. Evans, since you're leading the
20 group, whoever -- one of the students -- to come forward
21 and very briefly -- five, seven minutes, since we hadn't
22 scheduled you, to tell us of your concern, tell us of your
23 interests, and leave me with any ideas you might have
24 that might be appropriate statewide.

25 MR. EVANS: Would you like one of the students
26 to do that?

27 CHAIRMAN SEYMOUR: One of the students as well
28 as you, Mr. Evans.

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1 MR. EVANS: Do we have a volunteer? Which one
2 of you students would like -- Denise, would you like to do
3 that? Denise will do that. Denise Cathey.

4 CHAIRMAN SEYMOUR: Denise Cathey.

5 Denise, how do you spell your last name?

6 MS. CATHEY: C-a-t-h-e-y.

7 CHAIRMAN SEYMOUR: Sit down, Mr. Evans.

8 MR. EVANS: Thank you.

9 CHAIRMAN SEYMOUR: I'm interested to hear, since
10 you -- obviously your school has an interest in doing
11 something about this problem, otherwise you wouldn't be
12 here today. And since you're kind enough to take your time
13 to be with us, I thought maybe you could just take five
14 minutes and just talk about -- really hear from you as to
15 how you see the problem and what you think we might as a
16 State do to be more helpful in correcting it.

17 You want to give me -- pull that microphone
18 close to you.

19 MS. CATHEY: I just see every day ten-year-old
20 kids buying drugs off the street. And it hurts me inside
21 seeing such young kids getting into the drug scene and them
22 having no chance when they get older.

23 I feel that definitely there needs to be some-
24 thing done about it, which Grove High, all the students,
25 have been thinking and trying to figure some ideas so our
26 best thought was coming to Sacramento to speak with the
27 government and--

28 CHAIRMAN SEYMOUR: I don't know if it comes as

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1 any surprise to you, Denise, but we don't have the
2 answers either.

3 (Laughter.)

4 CHAIRMAN SEYMOUR: Sacramento is not the source
5 of answers to problems. Really, the answers to those
6 problems are done at the local level. And what the State
7 can do is to provide you an assist or maybe unify or
8 bring together programs. And that's what this hearing is
9 about, to see if there's some way we can do that. You
10 talked about kids as young as 10 --

11 MS. CATHEY: 10 and younger, everyday. It's
12 really sad.

13 CHAIRMAN SEYMOUR: What type of -- and Mr. Evans,
14 maybe you could offer an answer. What type of educational
15 programs do you have down as low as kindergarten in
16 Tulare County?

17 MR. EVANS: Well, one of the sad things is that
18 we really don't have the programs that we would like to
19 see. Once again, we're not here to offer an answer, other
20 than to let you know our awareness, that we really feel like
21 it is a problem at our level. And oftentimes, the problem
22 is approached at a level that is far above us and we get a
23 few things rippling down to where we are, but yet, one of
24 the things we've done in our class structure is that I
25 approach current events as they take place in our society.
26 And it seems as though, as we discuss these as a group on a
27 daily basis, it often gets around to what takes place in
28 alcohol and drug abuse. And so, discussing this led us to

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1 basically where we are today; that the kids brought to me
2 things that I wasn't aware of. As Denise pointed out,
3 is that everywhere you seem to turn, everything they seem
4 to see is related to this.

5 And there's no -- as I've heard the testimony
6 a while ago, that there needs to be some sort of incentive
7 program, not only on the business level, but even at a
8 personal level. Some sort of incentive situation that
9 would help a person take responsibility for the choices that
10 they make. And that's one of the things that we're trying
11 to educate the students on at our level is that choice.

12 The choice can make a difference. And each
13 choice that a person makes each day may lead them in a
14 path that could be glorious and one not so glorious.

15 And that there's a responsibility attached to
16 whatever choice that they make. And as they go through life,
17 these choices can be rather disastrous. So, we have
18 different counseling services that try to educate the
19 youth on almost what happens afterwards, but not what -- to
20 try to deter. And as I say, I don't know if the answer is
21 there, but somewhere there needs to be, or seems to be, or
22 should be an answer that could help deter, we think, the
23 problem.

24 Out of the 70 students we have, being a
25 continuation high school, 71 percent of the students, as
26 I've polled the students, thought there was a serious
27 problem in this area and would like to do something about it.

28 Now, they don't know or we don't know much more

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1 what to do other than to speak out and say we would like
2 to do whatever we can in this area. And we're willing to
3 support whatever legislation, whatever comes forth is our
4 desire to try to make a better community and a better
5 system for all of us because it affects all of us.

6 And some of these students are feeling some of
7 the serious effects of it as they go through life. And
8 many of them have been there. And they realize that it's
9 a real problem. And so, that's why we're here.

10 CHAIRMAN SEYMOUR: In your school, Grove High
11 School, do you have a SADD chapter?

12 MR. EVANS: We don't at the -- where we are.
13 There are those available nearby that we can enter in, and
14 some have been involved in programs like that. And I think
15 Denise was attending a program similar to that for a while.

16 I know my family has been involved in work like
17 that for more the MADD rather than the SADD program.

18 CHAIRMAN SEYMOUR: Denise, I might offer -- and
19 again, we sure don't have all the answers -- but we do have
20 an opportunity to travel around the State and talk to a lot
21 of people about the problem and what they're doing about it.

22 One of the programs that impressed me -- and you
23 might consider this at Grove High -- is a program by which
24 some high school students would go into the K-6 schools --
25 kindergarten to sixth grade, or the junior high schools -- and
26 tell the story. Because there can be no doubt that the
27 danger or the problem -- and you put your finger on it --
28 starts at a younger age. By the time they get to be your age

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1 in senior high school, they've usually made that decision.

2 Whereas, down there in kindergarten through
3 sixth-grade, they're formulating their decisions. And so,
4 those kids in K-6 look up to you and your age group. And
5 for a person like you, Denise, to go into that classroom
6 and share with them what substance abuse, alcohol or drugs,
7 can really do to them as far as screwing up their lives,
8 they'll listen. They'll listen a lot quicker to you than
9 they will to Mr. Evans.

10 They'll listen a lot quicker to you than they
11 will to me. They'll listen a lot quicker to you than they
12 will many times to their own parents. And so, I suggest
13 maybe Grove High School could make a tremendous
14 contribution to the very problem you put your finger on.

15 If you work something out within the school
16 district whereby you go into the classrooms, you know,
17 kindergarten through sixth grade, and tell them how
18 important it is.

19 And sometimes -- and the particular program
20 that comes to my mind -- there were kids in high school
21 who were on drugs and kicked it, and that even offers more
22 credibility. I'm not encouraging you to do that in any
23 reverse --

24 (Laughter.)

25 CHAIRMAN SEYMOUR: Thank you for taking the time
26 to be with us today.

27 MR. EVANS: Thank you.

28 CHAIRMAN SEYMOUR: If you'd be so kind as to leave

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1 my Committee with your address and mailing address, ⁴⁵
2 we'll keep you posted as to what legislation may emanate
3 in this master plan regard or anything else. Because I can
4 always use your support when I start lobbying bills through
5 committees.

6 MR. EVANS: We appreciate that.

7 CHAIRMAN SEYMOUR: Thank you.

8 MR. EVANS: Thank you.

9 CHAIRMAN SEYMOUR: Thank you very much.

10 Our next witness is Mr. Ed Veit, Deputy Director,
11 Division of Parole and Community Services, from the Depart-
12 ment of Corrections.

13 MR. VEIT: Good morning, Mr. Chairman.

14 CHAIRMAN SEYMOUR: Ed, how are you?

15 MR. VEIT: Fine.

16 CHAIRMAN SEYMOUR: Good.

17 MR. VEIT: I'm pleased to have the opportunity
18 to appear before the Committee, Mr. Chairman. As I was
19 listening to you speaking with the student and the people
20 from Tulare County, I was thinking back to 1950. I
21 started in law enforcement at that time. And drug abuse
22 at that point in time was a serious problem as it is today.
23 It hasn't gone away despite all our efforts, our concerns,
24 and it's pointed out, at least to me, it's an area that
25 we're going to need to continue to be concerned about.
26 As you indicated earlier, it's something that isn't going to
27 go away. We just have to keep working on it. And
28 certainly, my own children grew up in the era when it was of

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1 importance to me that they didn't become drug users,
2 drug abusers. And now I've got grandchildren that are
3 facing the same problem and we're still very much concerned.

4 I'm going to talk a little bit this morning about
5 a special part of the drug abuser population, which is at
6 one end of the spectrum. I'd suppose you'd say at the far
7 end, but the part that's really failed and really creates
8 some problems for public safety throughout California.

9 But first, I want to repeat the questions which
10 you put forth in your material. You asked three questions:

11 Is there a need to more effectively coordinate
12 State, local, and private rehabilitation efforts? Can it
13 be done effectively, more effectively and, if so, how?

14 I believe the answer to the first question is
15 a definite yes. The second question could be probably
16 answered most accurately by saying probably.

17 As to the third, I want to offer some ideas
18 of how this might be accomplished and what we're doing in
19 terms of California's fast-growing parole population.
20 Let me give you some statistics which I think are
21 important.

22 There are currently 32,000 adult felons on parole
23 in California. This number has doubled in the last four
24 years, and it will double again in the next four years if
25 our projections are accurate, and we believe they are.

26 In addition to that, we have about 1200 civil
27 addicts on parole. This is a special program for people
28 where the primary focus is on substance abuse treatment.

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1 It's a short-term turnaround program. It's
2 a program that at one time had a lot more people in it
3 than now. It's no longer a popular program in terms of
4 judges using, so very few people are sent to that program.

5 The people that we see on parole are not
6 strangers to the criminal justice system. Almost all of
7 them have served previous terms either in jail, on
8 probation; they were in the Youth Authority or State
9 Prison.

10 Seventy-nine percent or eight out of ten of them
11 have some type of alcohol or drug abuse problem. This is
12 up substantially from 68 percent in 1971, a point at
13 which we thought we had reached the zenith of use, but
14 really indicates that it's increased since then.

15 The other important thing I think that we need
16 to talk about is what kind of drug abusers are the
17 parolees today. In the seventies, heroin used to be the
18 primary drug of abuse. It still ranks high. It's 41
19 percent among the parole population. One out of every
20 four parolees, or about 27 percent is into cocaine. I
21 think the important thing in terms of today's parolee
22 is that he's likely to be a polydrug abuser. He uses more
23 than one substance, so this makes him a very serious
24 problem. We even find a high use of PCP in some areas of
25 the State, which is very important, because it leads to
26 crimes of violence, the use of that particular drug. And
27 it continues to be a problem for us.

28 Half of our parole population, or about 15,000,

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1 are required to go through a mandatory testing program
2 that we have. All cases who have abused narcotics within
3 two years immediately preceding commitment to prison are
4 required while on parole to submit urine samples on a
5 surprise test basis.

6 This testing program serves two functions. It's
7 a deterrent for some people on parole, but it's also a
8 tool to discover use and get them out of the mainstream
9 if that needs to be done.

10 During the course of just one year, State
11 parole agents collected over 300,000 samples; of these,
12 about 60,000 showed some type of illegal drug use. I
13 want to emphasize to the Committee that without this tool
14 our ability to control parolees who are into substance
15 abuse would be severely curtailed.

16 I think that one of things that's important is
17 we don't treat all drug abusers, even though they're on
18 parole, in the same way. It depends on circumstances
19 relating to each individual case. If the parolee is only
20 what we call chipping into drugs -- he's not a regular
21 user; he may have used once or twice and he has a steady
22 job and a residence and isn't into other types of crime --
23 we will try and maintain him on the street, increase
24 surveillance, increase supervision, and increase testing,
25 and maintain him in the community.

26 However, if he's into a crime spree or into
27 heavy use which is going to lead to crime, he comes off the
28 street and is placed in a jail or a prison and we proceed

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1 to refer him to the Board of Prison Terms for a
2 revocation hearing.

3 They, at that point in time, usually --
4 depending upon the finding of guilt or innocence --
5 will assess him some revocation time. Over the past 12
6 months, we have submitted approximately 21,000 parole
7 violation reports to the Board of Prison Terms. Of
8 these, one third were for drug-related violations.
9 Violations for alcohol abuse only constituted five percent
10 of the total. However, I want to comment there, because
11 I think that merely reflects how society treats the two
12 substances. It does not require -- it does not indicate
13 the seriousness of the alcohol abuse program -- problems
14 that we have.

15 We have equally serious alcohol abuse among
16 the parole population. It's just that the use of alcohol
17 is not illegal and the use of drugs is.

18 I want to talk a little bit about coordination
19 now because that is one of the focuses of the Committee.
20 And while we're talking about specific coordination, the
21 functions on control and intervention, I think it's
22 important that to emphasize that we are only as effective
23 as the local law enforcement agencies that we work with
24 on a daily basis.

25 In a year, there are approximately 25,000
26 arrests of parolees. Approximately 7,000 of those are
27 made by parole agents. The remainder of them are made by
28 law enforcement agencies. I think one of the important

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1 things to point out is that we have on a daily basis
2 contact with law enforcement agencies in the field. We
3 have over 50 unit offices and our agents work very closely
4 with law enforcement. We exchange information on a
5 regular basis. They are provided with a monthly printout,
6 computer printout of all parolees in their area. That
7 particular printout goes to all law enforcement juris-
8 dictions in the State so that they have the knowledge of
9 who's in their community and what they're doing.

10 Our ability to share information with them
11 makes us fairly effective in terms of removing people from
12 the State once they become a serious problem. Right now,
13 we're engaged in a major effort within the Division to
14 computerize our own field operations even further, and
15 this will allow us to even provide better coordination
16 between our agents and law enforcement agencies in the
17 different areas of the State.

18 I want to talk a little bit about treatment now.
19 The Division operates several drug abuse treatment programs
20 for parolees throughout the State. Some of them, such as
21 our Trexan program, are managed by our own staff --
22 psychiatric and medical staff who work out of our parole
23 outpatient clinics. Trexan will not work for everyone,
24 but it will work for certain types of heroin abusers and
25 we are hopeful that we will be able to expand it into
26 areas of the State where we currently are without a
27 treatment program of that kind.

28 Other programs, such as Methadone maintenance

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1 and similar programs, we contract for services from either
2 local agencies or from private vendors.

3 Both programs are extremely important in terms
4 of maintaining parolees on the street in a treatment mode
5 when their behavior so indicates that should be what
6 happens. I might also mention that for parolees with
7 severe or chronic problems with alcohol abuse, we do run
8 an Antabuse Program. That's a State-operated Antabuse
9 Program, again operated by our personnel in our parole
10 outpatient clinics.

11 One important new effort I ought to mention is
12 that we're currently working with the Department of
13 Alcohol and Drug Abuse to provide substantially expanded
14 community treatment services for parolees. We feel that
15 the Department of Alcohol and Drug Abuse has the
16 information and the background necessary to assist us
17 in a partnership with local agencies to better deliver
18 treatment services to the parole population in different
19 areas of the State. And we're hoping to sign a formal
20 agreement with them within the next six months to get
21 this underway.

22 We project that during the 87-88 fiscal year,
23 approximately 5100 parolees will be subject to reimprison-
24 ment for parole violations that involve substance abuse.
25 That's exclusively substance abuse in most cases.

26 Overcrowding, of course, in the county jails and
27 State Prison has already reached unprecedented crisis
28 levels. And we feel that through this program

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1 with the Department of Drug and Alcohol Abuse (sic), that
2 perhaps we can divert some people back into the community
3 treatment programs and, therefore, relieve some of the
4 population pressure on jail or prison beds.

5 I think that one of the important things to
6 emphasize is that community support is essential to any
7 treatment program or facilities we seek to establish. One
8 of the difficulties I see in the community programs, locally
9 and State-operated programs, is that there is a reluctance
10 on the part of the community to allow such programs in
11 their neighborhoods.

12 This is a serious problem. I pointed out in
13 my written testimony that we had similar problems with
14 work furlough, but it isn't just work furlough. It's
15 drug treatment facilities; it's mental health facilities.
16 It's an array of social -- what I call social care and
17 social treatment facilities.

18 It's one thing that I think the Legislature will
19 have to come to grips with over the next year. It's very
20 important to the success of a drug abuse program to be
21 able to have treatment centers -- whether they're inpatient
22 or outpatient -- in the communities where the problems
23 occur.

24 And certainly, our luck at getting those
25 established now is very poor. Currently, we're looking at
26 establishing one down in the San Joaquin Valley. We
27 happen to have a sympathetic community in this case and
28 I think we're going to be successful. But that's not always

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1 the case. It's a very important problem.

2 I think in the beginning I said, yes, there is
3 a need for more coordination. I know that you're
4 focusing specifically on the notion or the idea of a master
5 plan. I'm a little skeptical of master plans. And I'll
6 mention why.

7 Master plans tend to generate a lot of work in
8 terms of the master plan. A lot of that work never gets
9 down to the local level. I think what is important is
10 that there be guidelines, State guidelines, State
11 coordination, State assistance for local programs. But
12 I think, as you pointed out earlier in the day, Senator,
13 the local people know best for their particular community
14 what the differences are. And every community is not the
15 same. Downtown Los Angeles is not the same as Sacramento
16 or Tulare County. And programs need to be individualized.
17 So that I believe guidelines, yes; master plan, I'm not
18 that sure of. I think that we need to provide assistance
19 to local communities and go from there.

20 I don't think there's a great deal that I can
21 add to what I've already told you. If you have any
22 questions, I'd be better to answer them.

23 CHAIRMAN SEYMOUR: Thank you very much and
24 thank you for your testimony, Mr. Veit.

25 The question I would have is -- since you're
26 working in the area of paroles, perhaps you're the wrong
27 person to ask, but I'd like a response if you can provide
28 it. The question has always occurred to me and I just don't

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1 know why we don't do a better job within our penal
2 institutions relative to substance abuse. It's true we
3 have a very high percentage of substance abusers that go
4 into the system and then come out of the system -- I'm
5 talking about the penal system -- come out of the system
6 still abusers.

7 And then you have your problem, a very real
8 one. Golly, now we have a captive audience you might
9 say, a perfect opportunity. Then if ten percent of them
10 could be rehabilitated -- and I don't know what would be
11 realistic as a goal -- there is a shot, and it doesn't seem
12 that it occurs. Is there a reason for that?

13 MR. VEIT: Well, I think there's several reasons.
14 Number one, you said captive audience. And we do have
15 programs within each institution which offer people like
16 Alcoholics Anonymous, we have NARCONON, other drug abuse
17 programs that come into the institution and do offer
18 counseling. We do some of it with our own staff, though
19 under today's crowded conditions probably not as much as
20 we should be. I think the real problem is that you're
21 dictating a particular program. And drug abuse is like
22 many other things that people tend to do to themselves,
23 if you will. You must have a change in the person's
24 attitude who's involved in abuse and once you make that
25 decision, he can use the program to help him. It's like
26 Trexan that I mentioned. That particular blocker, if you
27 will, for heroin, will work. But it will only work for
28 those people who are interested in making it work. Those

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1 even that are not interested, they'll still go out and
2 reuse the heroin or abuse heroin again -- abuse it -- even
3 though it's not going to give them a high they thought it
4 was, they will still do it. And they haven't made up their
5 mind yet they want to quit is what it amounts to.

6 I think that one of the things that is very
7 important is that the networking of community treatment
8 facilities for parolees and for other abusers which are in
9 the community be strengthened. I think that's where you
10 could really make the change.

11 Then that person, even the person on parole,
12 is under supervision and has some choices to make. And I
13 might emphasize, you know, we always talk about the
14 failures. But about half the people that are on parole
15 do not come back. They do make it. And so you have to
16 remember that portion of the population -- it isn't
17 wonderful, but it's better than if it were 80 percent
18 failure --

19 CHAIRMAN SEYMOUR: You bet.

20 MR. VEIT: -- 80 percent failure or something
21 like that.

22 And so I think that's where the focus ought to
23 be. And, again, I'll just -- one final word. Resources
24 for a program such as drug abuse are extremely limited.
25 And I heard testimony earlier this morning by the Attorney
26 General and others particularly focusing on youth,
27 children from age kindergarten on up. And I think that
28 we as a society when we are allocating resources, have to

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1 start with that end of the spectrum. I really believe
2 that. And I think that's where we can get the most bang
3 for the buck. And our people have had a number of
4 opportunities by the time they get down to us and they
5 failed along the way. And while we need to take care of
6 them and pay attention to them, we need to spend most of
7 our resources, I think, on the children.

8 Thank you.

9 CHAIRMAN SEYMOUR: I agree. Thank you very much
10 for your testimony.

11 Our next witness, Mr. James Rowland, Director
12 of the California Youth Authority.

13 MR. ROWLAND: Good morning, Senator. And I want
14 to thank you for highlighting one of the most devastating
15 problems that society is facing. It serves as a good
16 reminder that a great deal of criminal behavior and
17 family violence and child abuse and sexual abuse of
18 children and on and on and on -- if we go to the core
19 problem, it's the abuse of drugs and alcohol. So I
20 sincerely say thank you for scheduling this hearing and
21 focusing on this problem.

22 I have provided written testimony. I'm simply
23 going to summarize five, if I may, for you.

24 CHAIRMAN SEYMOUR: Go right ahead.

25 MR. ROWLAND: The five things the Department
26 of Youth Authority is doing and I'll be delighted to
27 respond to any questions you might have.

28 Number one, we've increased our communications

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1 on this serious problem with the Youthful Offender
2 Parole Board and numerous other public and private
3 agencies. I think the awareness is increasing.

4 We have 8100 young people in the Youth
5 Authority and we certainly admit that we cannot cope with
6 all their problems. So, we are interested in coalitions
7 and partnerships and as much teamwork within government
8 and between government and the private sector as possible.

9 So, there's multiple communications going on
10 throughout our Department and our system of some 18
11 institutions at the present time.

12 Secondly, with the help of the Youthful
13 Offender Parole Board and the Governor's active support,
14 we've increased the number of beds throughout our system
15 that are pretty well designated for alcohol abuse, drug
16 abuse type young people. We had few beds when this
17 administration came in. We're now up to about a thousand
18 beds in the Department so designated. And those programs
19 will range from intensive educational intervention,
20 psychotherapy, drug confrontation, group confrontation
21 type activities, a whole range. And I'm not here today to
22 say any one approach is better than others.

23 Philosophically, I think, it has to be a
24 comprehensive approach with young people involved. For us
25 not to worry about their employability or future careers
26 while we just exclusively focus on drugs and alcohol, I
27 really question that. So it has to be a multifaceted
28 approach including career planning, employability,

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1 self-esteem, and the whole range of that type of activity.
2 So, we've increased beds. We think we're headed in the
3 right direction. It's increasing beds and specializing
4 our efforts within the institutional setting.

5 The third thing we're doing again is back to
6 communications and discussion and planning. We're
7 thinking of establishing a specialized parole caseload.
8 So when young people are involved in various intense
9 programs in the institution, that same type of intensity
10 can be followed up in a parole setting. We have not
11 established specialized caseloads yet in the area of drugs
12 and alcohol. We have established specialized caseloads
13 for teenage sex offenders. We now have 11 such specialized
14 caseloads. We think we're headed in the right direction
15 in that area.

16 And because of our encouragement with specialized
17 caseloads in sex offenders, we're seriously considering
18 and probably will establish some pilot caseloads and parole
19 services for drug and alcohol type abusers.

20 The fourth thing we're doing is not only looking
21 at specialized parole services, we're looking at our
22 whole reentry process. The group homes we work with and
23 many private agencies that we work with on how to
24 strengthen the whole reentry process and the return to
25 institution process. Many of our young people violate
26 their parole conditions because of not necessarily selling
27 drugs, but their own personal use of drugs. We want to
28 hold them accountable; however, we do not necessarily want

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1 to cause them to lose their employment.

2 So, if there's some way we can hold them
3 accountable and provide alternative programming or
4 residential type almost halfway back to the institution
5 type beds, we're very interested in doing that. That is
6 only at the thinking, discussing, and planning stages.

7 The fifth thing we're doing is we're being
8 responsive in many areas to the need -- for what you're
9 focusing on and practically every speaker today will focus
10 on -- better coordination within government and between
11 government and the private sector, including the business
12 community. We've been responsive to the State Alcohol and
13 Drug Department in terms of transfer of knowledge workshops,
14 various conferences basically designated to highlight the
15 problem and to bring together the key actors. We can no
16 longer afford fragmentation in this area. So, we will
17 support actively -- as actively as we can any effort that
18 will bring together the key actors, particularly when
19 they're coming together on their own initiative, their
20 own awareness of the problem. We will support in any way
21 we can those types of efforts, particularly if they involve
22 local law enforcement, probation services, and those many
23 private agencies that work with young people that are headed
24 the wrong way. So, again, thank you for highlighting the
25 devastating problem and one that must be high on all of our
26 agendas.

27 CHAIRMAN SEYMOUR: Mr. Rowland, I want to thank
28 you and the Youth Authority for the great job that you do

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1 with such few resources.

2 MR. ROWLAND: Thank you.

3 CHAIRMAN SEYMOUR: I recall the last time I had
4 the opportunity to be in a meeting room with you, I was
5 asking you about the high recidivism rate.

6 MR. ROWLAND: Yes.

7 CHAIRMAN SEYMOUR: And I'm sure substance
8 abuse has a lot to do with that.

9 MR. ROWLAND: Yes.

10 CHAIRMAN SEYMOUR: I'd ask, I guess, the same
11 question I did of the previous witness. Is there
12 something -- I'm sorry. Is there something more we can do
13 to improve treatment programs or education programs? I
14 guess it's important to note that it's almost beyond
15 education by the time they get into your Authority. But
16 while you've got them, is there something more we can do
17 as a State Legislature in setting a priority to ensure that
18 they come out of that system -- fewer come out of the
19 system with a substance abuse problem?

20 MR. ROWLAND: Yes. I think the thing that we
21 would hope for is continued and maybe escalated support
22 for the direction we are heading. We are very strong into
23 the belief that you don't just single out young people and
24 talk about drugs and alcohol. You single out young people
25 with that problem, but deal with their total life issue.
26 So, we're pushing them into employability. And we're trying
27 to treat them like we think there's hope for them. We would
28 welcome that kind of support. We have received support

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1 from the Legislature in funding specialized drug abuse
2 programs. And we appreciate that. I think all of us need
3 to probably start thinking about how to give prevention-
4 type activities more priority in our thinking and our
5 planning and our discussions.

6 We need to figure out how to involve nonabusing
7 young people in working with abusing young people. I can't
8 single out one or two specifics, other than I appreciate
9 the support of the Legislature and would hope it would
10 continue. I think we're moving in the direction the
11 Legislature would like us to move.

12 CHAIRMAN SEYMOUR: I think you are. It sounds
13 like it. Mr. Rowland, thank you for your testimony.

14 MR. ROWLAND: Thank you so much.

15 CHAIRMAN SEYMOUR: Next witness is Mr. Pat
16 Harrington, Captain of the California Highway Patrol.
17 Captain Harrington. Good morning.

18 CAPTAIN HARRINGTON: Good morning. Thank you,
19 Senator, for providing me an opportunity to represent the
20 Department in presenting testimony to your Committee
21 relevant to the problem of substance abuse in California.

22 As you are aware, the increasing use of alcohol
23 and drugs poses a major threat to traffic safety. In our
24 State and across the nation, driving under the influence is
25 the leading cause of traffic deaths each year and a
26 primary factor in traffic injuries.

27 My testimony today will include a brief overview
28 of the DUI problem in California, the ongoing efforts of our

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1 Department to mitigate the problem, and the need for a
2 statewide coordinated approach to achieve a long-term
3 solution.

4 Driving under the influence is not a new
5 problem. A primary objective of the CHP has always been
6 to reduce the number of deaths and injuries that occur
7 annually as a result of alcohol and drug impaired drivers.
8 Alcohol continues to be the substance which poses the
9 greatest traffic hazard. Although since the mid-1970s,
10 we have become aware that alcohol in combination with other
11 drugs may be involved in many of these accidents.

12 Each year a substantial portion of the
13 Department's resources are directed towards reducing
14 alcohol-related accidents through aggressive enforcement,
15 public awareness campaigns, and actively supporting tougher
16 laws against drunk driving, but despite these efforts, the
17 problem continues.

18 Historically, DUI accidents steadily increased
19 from the early 1970s through 1980. In 1980, public
20 awareness of the problem was greatly enhanced by the efforts
21 of the Mothers Against Drunk Driving, or the MADD
22 organization as it's come to be known. The Department
23 worked closely with MADD to strengthen DUI legislation.
24 After the DUI penalties became more stringent in 1982, we
25 experienced a substantial decline in DUI accidents. Fatal
26 accidents were down 13 percent and injury accidents were
27 down more than 10 percent. It appeared that the new laws,
28 enhanced penalties, and higher level of public awareness

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1 had been successful in reversing the upward trend of the
2 previous years.

3 Unfortunately, this optimism was short-lived.
4 In 1984, DUI accidents sharply increased. In spite of
5 the record numbers of DUI arrests, fatal accidents involving
6 alcohol went up more than 10 percent over the previous
7 year, 1983.

8 In 1985, alcohol related accidents declined,
9 but not substantially. Last year, over 48 percent of all
10 fatal accidents and 20 percent of injury accidents were
11 alcohol related. While this is slightly lower than the
12 previous years, it's still not low enough.

13 During the first six months of this year, DUI
14 accidents claimed the lives of over 1,000 Californians
15 and injured over 32,000 more. It is obvious that DUI
16 is still a major problem in California.

17 We all know that aggressive DUI enforcement
18 is essential to combat the problem. New laws, tougher
19 penalties, and innovative treatment programs will not have
20 any significant impact unless violators are detected and
21 apprehended. The CHP is responsible for over 40 percent
22 of all arrests made in California for DUI. Since 1981,
23 the number of arrests made by our Department has increased
24 by 13 percent.

25 Last year, the Department made over 150,000 DUI
26 arrests, or 12,000 per month. During the first eight months
27 of this year alone, we've arrested 92,000 motorists for DUI.

28 The backbone of our enforcement effort, of

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1 course, is our road patrol officers. We have 3600
2 officers throughout the State who are routinely assigned
3 on special DUI shifts at that time when we know DUI accidents
4 are most likely to occur.

5 Our regular DUI enforcements efforts are also
6 supplemented by State and federally funded overtime programs.

7 One of the problems with DUI enforcement is the
8 time required to make an arrest. Some arrests can take
9 two, three, four hours, depending on the circumstances,
10 and the areas they're booked in because of jail facilities,
11 et cetera.

12 We are currently exploring methods to reduce
13 our booking time and to make more effective use of the
14 officers that we do have on the road. Recently, we
15 acquired two mobile blood alcohol test vehicles. These
16 vehicles are equipped with special breath testing devices
17 and detention cells. This will be used by several CHP
18 offices during the next six months and their effectiveness
19 evaluated.

20 Our goal is to reduce arrest time by 10 percent.
21 If this program is successful, it will enhance the
22 efficiency of our current enforcement efforts.

23 But even with enhanced efficiency, enforcement
24 cannot be expected to resolve the problem alone. With a
25 limited number of officers and an unknown number of impaired
26 drivers, the probability of apprehension is relatively low.
27 And I think Director O'Rourke made the comment that between
28 one and two hundred people -- only one in two hundred people

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1 in the State of California stand a chance of detection.
2 Some States it's even higher.

3 More importantly, surveys have shown that at
4 least one-third of the DUI offenders do not think the
5 chance of being arrested is great enough to deter them
6 from driving again.

7 Special enforcement techniques are often used by
8 the Department to increase the public's perception of
9 being apprehended. I'm not going to read through all this
10 part on our sobriety checkpoint information, but probably
11 everybody knows here it was a highly successful experience.
12 The Fourth District Court of Appeals recently ruled that
13 the sobriety checkpoints violate the Fourth Amendment
14 constitutional safeguards.

15 So, at the present time, we're injuncted (sic)
16 from using the sobriety checkpoint.

17 We currently have a checkpoint case, Senator,
18 for your information, scheduled for review by the
19 California Supreme Court. And if the ruling is favorable,
20 we will resume with our checkpoint operations.

21 We recognize that our enforcement efforts can only
22 have a very limited impact on the problem if Californians
23 continue to drive while under the influence of alcohol or
24 drugs. Any long-term solution must be directed towards
25 changing the public's attitudes. Public awareness and
26 education campaigns can be very effective in this regard if
27 they are tailored to specific audiences, particularly
28 younger drivers.

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1 Accident statistics show that young drivers are
2 the most serious problem group.

3 In 1985, drivers between the ages of 15 and 19
4 totaled less than five percent of all licensed drivers
5 in California. Yet, drivers in this age group represented
6 about 12 percent of all drivers involved in DUI accidents
7 and over 30 percent of the 15 to 19 year old drivers
8 involved in fatal accidents last year had been drinking
9 and were to some degree impaired.

10 Last year, 43 percent of Californians killed
11 in alcohol-related accidents were under the age of 25 and
12 almost 50 percent of those injured were under 25.

13 The California Highway Patrol, to combat this
14 problem, has been involved in public awareness campaigns
15 directed towards the young drivers. It was mentioned
16 previously that our Sober Graduation Program with the
17 familiar slogan, "Make it to Your Future," was aimed
18 at preventing new high school graduates from drinking and
19 driving during their celebration.

20 You may be aware, Senator, that in your district,
21 Disneyland and other private groups have worked with us
22 on this sobriety graduation program. And it's been very
23 successful down in your area.

24 We have also been actively involved in a program
25 sponsored by the Sacramento County Board of Education
26 called, "Friday Night Live." This is an assembly style
27 approach presented to high school students. It utilizes
28 slide shows of three teenagers who relate their experience

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1 of being arrested for drunk driving. Our officers attend
2 these presentations to answer questions and relate their
3 experiences with DUI accidents.

4 Perhaps the most widely recognized campaign
5 aimed at youth -- at the young people is the "Driver
6 Project." This was a year long media campaign funded
7 by NHTSA which combines the efforts of law enforcement,
8 the media, and community organizations. The Driver was
9 featured on TV, radio, newspaper ads as the one who
10 doesn't drink at social functions so he can safely drive
11 his passengers home.

12 All three of the programs mentioned above have
13 used a new approach to get the message across to the
14 youth. For years, we've been lecturing on the hazards
15 involved in drinking and driving, but these programs are
16 different -- nonjudgmental. The message now communicated
17 is: "Be responsible. Let's take care of each other."

18 Have these new programs been successful? Is
19 the approach working? We think so. High school students
20 have signed pledges not to drink and drive on grad night.
21 Students have formed SADD, the Students Against Drunk
22 Driving. And DUI accidents involving young people have
23 declined in the involved communities where they are
24 participating in these organizations.

25 We're hopeful that at the end of the year, the
26 statistics will be favorable and that the DUI fatal injuries
27 involving youths has dropped considerably. That's our hope
28 and prayer.

1 We know that the approach used in our programs
2 is effective, but we need to expose more young people to
3 similar programs statewide. Some of these programs I've
4 mentioned are regional in concept. And statewide there
5 needs to be similar programs to reach all the youth. And
6 I think it's indicative of the fact that Tulare County --
7 the school came up here today to share information because
8 they feel it's a real problem. And it's certainly a good
9 thing that they're up here.

10 We need to provide consistent and accurate
11 information to all of California's youth beginning at
12 the possible earliest age. And this was discussed earlier.

13 To accomplish this, curriculum for mandatory
14 statewide substance abuse education should be developed
15 and implemented in our schools beginning at the kindergarten
16 level. We need to reach students in the elementary grades
17 while there is still time to learn about the dangers
18 involved in alcohol and drug abuse before they become
19 abusers and before we eventually have to stop them, arrest
20 them, and put them behind bars.

21 The effectiveness of educational programs that
22 currently exist for students in the 9th to 12th grades should
23 also be evaluated and these programs revised if necessary.

24 This is consistent with the recommendation made
25 by the Intergovernmental Advisory Council on Drugs, Alcohol,
26 and Traffic Safety. Recognizing that alcohol-related
27 accidents are still the leading cause of death among young
28 people, the council has requested the Department of

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1 Education to develop a standardized statewide curriculum
2 for substance abuse education. As Director O'Rourke
3 mentioned, the council will hold public forums to hear from
4 a variety of experts in the field and is expected to
5 recommend a specific course of action for developing
6 statewide substance abuse curriculum in the near future.

7 Changing the attitudes of youth towards drinking
8 and driving and substance abuse, in general, is a major
9 step in the process of changing social attitudes. This
10 cannot be accomplished without a statewide effort.

11 New enforcement techniques, new laws,
12 new penalties, new treatment programs are all important
13 elements in combatting the substance abuse problem. But
14 these strategies are usually applied after the use of
15 alcohol or drugs has occurred, and many times after damage
16 to people or property has been done.

17 Many Californians who abuse alcohol and drugs
18 and who drive under the influence may never be arrested
19 and punished. We need to develop a coordinated and
20 a systematic approach to reach these people and to prevent
21 substance abuse before it occurs.

22 The most effective tools in the California
23 Highway Patrol are education and awareness. Thank you
24 again, Senator, for inviting me to testify before this
25 important Committee. I'll answer any questions you may
26 have at this time.

27 CHAIRMAN SEYMOUR: Captain Harrington, I don't
28 have any questions. But I certainly do have commendations

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1 for the California Highway Patrol. I am continually
2 impressed and amazed at the job you do with the resources
3 provided. And your Department has a great sensitivity
4 to this particular area of DUI. I guess the only other
5 comment I'd make is that your closing statement is a very
6 common and reoccurring theme, and that is that education
7 works. We all know that. We just have to find a better
8 way to do that. We're all trying. Thank you very much.

9 CAPTAIN HARRINGTON: Thank you, Senator.

10 CHAIRMAN SEYMOUR: Our next witness is Ms. Amanda
11 Dew Mellinger, Manager, Health, Nutrition, and Physical
12 Education, State Department of Education. Ms. Mellinger?

13 MS. MELLINGER: Good morning.

14 CHAIRMAN SEYMOUR: Thank you for being with us.

15 MS. MELLINGER: Good morning. I'm Amanda
16 Mellinger, Manager of the Health, Nutrition, and Physical
17 Education Programs, State Department of Education.

18 This morning, I'm representing Bill Honig,
19 Superintendent of Schools, who does send his regrets for
20 not being able to be here.

21 I want to thank the Committee for inviting
22 the Department to share its perspective on the drug and
23 alcohol abuse problem, especially as it relates to our
24 schools, and to bring you up to date on our current
25 activities in this area, and to look ahead at what we see
26 the needs to be in order to have drug-free schools and
27 communities,

28 There has been broad support for educational

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1 reform at the state and local level in California.

2 However, many of the young people of this State will not
3 benefit from our efforts to improve our schools if the drug
4 abuse problem is not addressed,

5 Drug and alcohol abuse is destroying the minds
6 and bodies of young people. Studies show nationally and
7 within California, that the use of drugs and alcohol by
8 children is a major problem in our schools and our
9 communities. The very core of our society is at risk, and
10 our educational systems are no exception.

11 According to the final report of Attorney General
12 John Van de Kamp's Commission on the Prevention of Alcohol
13 and Drug Abuse in May of 1986, over 50 percent of current
14 11th grade students report having tried alcohol by the age
15 of 11 or younger; 20 percent of 11th grade students drink
16 beer once a week or more often; 13 percent of the 11th
17 graders use marijuana once a week or more; and seven percent
18 use it at least once a day.

19 Drug and alcohol abuse cuts across both sexes,
20 all economic classes, and all racial and ethnic groups.

21 Throughout the nation there is growing outrage,
22 and communities are banding together to combat this problem.
23 It is clear that if the drug problem is to be solved, a
24 comprehensive and cooperative effort must be made at every
25 level: national, State, community, school, and the home.

26 Schools play a critical role in this effort, and
27 we are committed to doing our share. The purpose of an
28 education is to instill in students the understanding and

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1 wisdom they need to make conscious choices, especially
2 when faced with moral decisions. We will not win the
3 battle against substance abuse until students see drug and
4 alcohol abuse as a personal, ethical issue.

5 In September of this year, Attorney General
6 Van de Kamp and Superintendent Honig called on schools and
7 law enforcement agencies to make drug abuse prevention a
8 high priority for this school year and to work together
9 to make schools a safe harbor from drugs so that children
10 can grow and develop. The recommendations given to
11 schools were as follows:

12 Number one, create a drug-free campus so that
13 students can learn and develop in a safe and healthy
14 environment. The first step in the process of substance
15 abuse intervention is to rid school campuses of drugs and
16 other illicit substances.

17 Partnerships with law enforcement agencies are
18 one way to deal effectively with the problem of supply
19 of illicit substances on campuses. The very presence of
20 drugs on campus has a disastrous impact on the
21 educational mission of our schools.

22 Number two, provide a kindergarten through
23 grade twelve prevention curriculum that makes students
24 knowledgeable about the dangers of substance abuse, develops
25 personal responsibility, and encourages healthy life style
26 choices. Education about the harmful effects of drugs and
27 alcohol abuse and the positive ways of creating an overall
28 healthy life style, including physical and emotional

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1 well-being, must begin early in life and proceed through
2 high school.

3 A comprehensive and sequential approach which
4 integrates substance abuse prevention education into other
5 curricular areas is desirable.

6 Number three, involve parents and help them to
7 recognize the crucial role they play in setting an example
8 for their children. Parents should serve as role models;
9 they can present alternatives to their children. They can
10 learn the signs of drug and alcohol abuse and work with
11 and support education efforts in schools.

12 Number four, to coordinate with other community
13 agencies, such as law enforcement, to ensure efficient
14 use of local resources. Many excellent resources from
15 throughout our State can be utilized. Working with groups
16 such as public and mental health, law enforcement,
17 probation, social clubs, businesses, and religious
18 institutions will strengthen efforts and effectiveness.

19 Drug and alcohol abuse prevention is a complex
20 problem and a united effort by community agencies and
21 organizations is more likely to ensure success.

22 Number five, enlist students to offer positive
23 peer pressure to resist drugs and alcohol. Peer
24 counseling has been shown to be an effective method for
25 bringing young people together and reinforcing positive
26 behavior.

27 And number six, emphasize decision-making about
28 drugs and alcohol as part of the students' broader moral and

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1 ethical responsibility.

2 We are striving in this state and our country
3 to have educated citizens capable of making moral and
4 ethical choices which will strengthen and enrich our
5 democracy. Decision-making about the use of drugs and
6 alcohol is an important part of building the character of
7 our young people.

8 The Department currently is involved in a
9 variety of activities alone and with other state agencies
10 which deal with drug and alcohol abuse prevention, such as
11 the School/Community Primary Prevention Programs, the
12 Interagency School Safety Demonstration Project, the
13 Teenwork Conferences, the Role Model Substance Abuse
14 Program, better known as Pros for Kids, comprehensive
15 education pilot projects. This is one you might not be
16 familiar with. We are funding high school districts
17 throughout California to develop an overall stronger
18 comprehensive health program looking at emotional and
19 physical well-being, nutrition, health, and fitness. An
20 important part of this program is drug abuse prevention.

21 And then, finally, comprehensive prevention
22 curriculum. The Department is sponsoring the development
23 of a comprehensive curriculum for the prevention of
24 developmental disabilities. And one major strand in this
25 curriculum is drug abuse prevention.

26 The future direction of substance abuse
27 prevention programs is critical. We feel there is a
28 strong need to, number one, solidify coordination and

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1 cooperation among State and local agencies administering
2 prevention and enforcement programs.

3 Number two, to involve the private sector in
4 developing, implementing, and funding prevention programs.

5 Number three, to establish a long-term
6 evaluation component of prevention programs in order to
7 determine effectiveness.

8 Number four, establish a statewide networking
9 system so that good program materials and other resources
10 can be shared.

11 Number five, utilize a mechanism for identifying
12 exemplary programs and fund some kind of an adoption/adaption
13 process to encourage statewide dissemination of these
14 programs.

15 Number six, implement a strong staff development
16 program for teachers and others involved in working with
17 substance abuse prevention efforts.

18 The State Department of Education stands ready
19 to assist in any way possible to ensure a better future
20 for our young people through drug abuse prevention programs.

21 Thank you for the opportunity to provide this
22 testimony.

23 CHAIRMAN SEYMOUR: Thank you, Ms. Mellinger.

24 Is it a fair assessment, in listening to your
25 statement and reviewing it, is it a fair assessment to say
26 that the State Department of Education sees its role in this
27 education area as one of coordination and assistance, or

28

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1 does it see itself more in the line of providing specific
2 material and structure to having that education take place
3 in the classroom?

4 MS. MELLINGER: At this point, we are seeing
5 ourselves in a coordination role. We have not developed
6 any major curriculum theses from the Department of
7 Education for a lot of reasons.

8 Local school districts tend to like to develop
9 their own curriculum. Even if we -- we've found in
10 past experience, if we develop one, and they take that one
11 and adapt it to what they want to do.

12 We are doing a health framework which will
13 include a very strong drug education and alcohol education
14 strand. We want to do more training of teachers. We see
15 that as a real critical need. Teachers tell us that they
16 don't feel adequate. They don't have the experience or
17 the skills to know how to teach these programs.

18 And then also there needs to be a lot of
19 coordination, because there are a lot of good materials
20 already developed and a lot of good programs. And we would
21 like to have a mechanism for sharing those materials and
22 letting people know, you know, if you live in a very
23 sophisticated area like San Diego or Los Angeles, you tend
24 to know what's going on around you in those programs.

25 But if you're up in the very rural counties
26 where drug abuse is a problem, you might not know what's
27 available to you. So we see that our role is very critical
28 in those areas.

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1 CHAIRMAN SEYMOUR: One area I'd ask you and
2 Bill Honig to take a look at in relation to next year,
3 we, working through ADP, are in the process of putting
4 together -- for lack of a better description -- a drug
5 video, or substance abuse video is more accurate, using
6 Michael J. Fox and "Back to the Future" music, and, you
7 know, all of that. Our objective is to provide with that
8 particular video an educational piece and some written
9 material that the teacher or the school district -- and
10 be distributed through you, by the way -- wherein the
11 teacher and the district who don't have the resources
12 or they're not up to speed in training, so they can review
13 this and you can take it to classrooms. And if you want
14 to do one full class one day, here's the tools.

15 And the timing of the whole thing, the length
16 of the whole thing is set up to handle one period. That's
17 being funded by ADP, some private fund raising that I'm
18 doing, and I'm sure we'd be happy to have the Department
19 of Ed. throw a little money in there.

20 The one that's on the drawing board -- that one's
21 already moving. The one that's on the drawing board is
22 one for K-6. And obviously, that's got to be tailored
23 entirely differently. Michael Fox doesn't turn K-6 on.
24 We've got to find what pushes the button. And so, again,
25 in looking forward to next year, I'd be interested to hear,
26 you know, what Bill might think about programs such as
27 that type. I'm obviously always interested in what your
28 Department might have to suggest any way that we might be

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1 able to help you in your overall effort.

2 MS. MELLINGER: Okay. One important point
3 that we are stressing now in the Department of Education,
4 we are really looking at the overall broad spectrum
5 of health education in California schools. And, as Mr.
6 Honig says, we have not really done a very good job of
7 that in the past. And now we're trying to see what we can
8 do about improving that. It's his belief that we are
9 working or should be working towards developing overall
10 healthy life styles in children, and that drug abuse
11 prevention programs should be a part of a much broader
12 effort in health education. Because I think we all know
13 that children don't learn about or adopt healthy life
14 styles by taking a six-week class in health, for example,
15 or having two days on drug education a month.

16 They just don't quite get the message, or at
17 least get it the way they should get it. So we are looking
18 at a much broader perspective in terms of having a very
19 strong health education program, which includes physical
20 fitness as a part of that, and creating better self-esteem,
21 just overall improved health. And hopefully, that can
22 help deter the drug problem as well.

23 CHAIRMAN SEYMOUR: It surely will. Thank you
24 very much, Ms. Mellinger.

25 Our final witness this morning is Mr. Welby
26 Cramer, Chairman of the Youthful Offender Parole Board.
27 Mr. Cramer. Good morning, Mr. Cramer.

28 MR. CRAMER: Good morning, Senator. Senator,

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1 it's a pleasure for me to be here this morning to have
2 an opportunity to testify at this hearing on the establish-
3 ment of a master plan to reduce abuse in California.

4 And I know that whatever information I may be
5 able to offer on the development of this plan has already
6 been offered and will be offered by persons who are much
7 more qualified to do so than I.

8 However, I'd like to take a few minutes to share
9 with you some of my personal thoughts and perceptions and
10 concerns regarding this very serious problem. It's an
11 issue in which I have long held an interest as has most of
12 us, I'm sure.

13 As Chairman of the Youthful Offender Parole
14 Board and a former law enforcement officer, I believe that
15 substance abuse has reached epidemic proportions in our
16 nation and more specifically, in California. Recent
17 federal studies have shown that the average age for first-
18 time substance abuse is about 13 years, which is down from
19 the midteens only five years ago.

20 And although alcohol and drug abuse may not be
21 the commitment offense for the majority of wards that are
22 sent to the California Youth Authority, it is certainly a
23 major contributing factor. Over 85 percent of wards who
24 are in the Youth Authority have been identified as substance
25 abusers. And when wards are interviewed by the Board, we
26 learn that the reason for the burglary or robbery they
27 committed was in order to obtain funds to purchase drugs or
28 alcohol.

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1 And sometimes, we learn that the reason they
2 committed a particularly heinous crime was that they were
3 under the influence of alcohol or drugs at the time that
4 they committed the crime.

5 We also know that the Youthful Offender Parole
6 Board sees only the tip of the iceberg of California's
7 substance abuse problem. We know that there remains the
8 high school user, the parent who abuses drugs and alcohol,
9 and the very young child whose peers are encouraging use
10 of these substances.

11 There is also another group of people who are
12 involved in drugs. This group deals in drugs for profit.
13 Drug dealing allows individuals to possess more money than
14 he or she is able to control. A recent Youth Authority
15 commitment to the Youth Authority had over \$32,000 in cash
16 in his possession at the time of his arrest. And some
17 wards have admitted during parole hearings that they could
18 not afford to be released on parole and not sell drugs.

19 The Board is responding to the public's concern
20 regarding increasing crime and substance abuse. And wards
21 whose backgrounds include serious involvement with drug or
22 alcohol abuse are frequently confined for longer periods of
23 time because of special treatment needs. Often, these
24 treatment needs mandate the successful completion of a
25 formalized substance abuse program provided by the Youth
26 Authority. And Mr. Rowland, when he testified a few
27 moments ago, referred to those programs.

28 Often, the treatment needs require the completion

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1 of these programs.

2 There is a need to coordinate local, State, and
3 private drug rehabilitation efforts to more effectively
4 deal with the problem of substance abuse. We believe that
5 a coordinated effort should encompass at least education,
6 enforcement, and treatment.

7 Education involves a cooperative effort to
8 ensure that school curriculum contain programs on
9 substance abuse and drug awareness. We know that elementary
10 school children are especially impressionable and they
11 will respond well to guest speakers, particularly favorite
12 characters such as cartoon figures.

13 We also know that older school children respond
14 to well-known sports and entertainment personalities.
15 And the current antidrug campaign on national television
16 is an example of how celebrities can be used effectively
17 to carry the message about the immorality of substance
18 abuse.

19 Recently, Governor Deukmejian issued a
20 proclamation on "Red Ribbon Drug and Alcohol Abuse
21 Prevention Week." The purpose of this proclamation is
22 to provide all citizens with the opportunity to join in a
23 statewide demonstration of our commitment to a drug-free
24 society and to encourage the promotion of such an
25 environment for all California youth.

26 So, education and public awareness are long-term
27 strategies that will hopefully instill in the young minds
28 the evils of substance abuse.

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1 In the area of law enforcement, we know
2 that local law enforcement agencies are usually aware of
3 individuals who distribute drugs and sell drugs for profit.
4 Frequently, these individuals have past criminal records
5 and may be on probation or parole.

6 Information about them should be shared with
7 other law enforcement agencies, the school officials, and
8 with various probation and parole authorities.

9 An example of a successful information-sharing
10 effort can be found in the City of Oxnard in a program
11 that they have called SHO/DI. SHO/DI, or S-H-O / D-I,
12 stands for Serious Habitual Offender/Drug Involved.

13 This federally funded program has created an
14 information-sharing network between various public agencies
15 that may have contact with the habitual youthful offenders.
16 With these agencies sharing information and working
17 cooperatively together, the project has demonstrated an
18 ability to significantly reduce crimes committed by
19 habitual offenders and is credited with causing a substantial
20 decrease in the crime rate within that community.

21 Senate Bill 2323, introduced by Senator Davis
22 during the 1986 legislative session, passed by the
23 Legislature and signed into law by Governor Deukmejian on
24 September 30, 1986, appropriates \$300,000 for the establish-
25 ment of similar programs in other California communities.

26 In terms of treatment, coordination of drug
27 treatment programs is lacking in many communities. Often
28 drug abusers and others who are seeking help or information

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1 are unaware of local drug treatment programs that may be
2 available to them.

3 Coordinating the various treatment programs
4 can be done more effectively. Many counties provide
5 for registration of public rehabilitation programs. It
6 seems that access to available programs and information
7 regarding them could be shared through a network of
8 computers which most counties currently possess.

9 And, of course, this would also entail a State -- a State
10 effort at the State level as well to make sure that it is
11 coordinated at a statewide level.

12 That about concludes the remarks I had prepared,
13 Senator. I would again like to express my appreciation
14 for having been given an opportunity to participate in this
15 hearing.

16 As I said before, I believe that this problem
17 is growing and is nearly out of control in many of our
18 communities. I believe it has impacted virtually every
19 segment of our society. And I am very happy that it appears
20 that it is receiving the attention of the State and
21 nationwide effort. And I thank you for allowing me to be
22 here. If there are any questions you'd like to ask, I'd
23 be very happy to respond to them.

24 CHAIRMAN SEYMOUR: Chairman Cramer, let me say
25 that I appreciate you taking the time to be with us today.
26 And I can tell by the statement that you have provided
27 that you really sincerely care about this issue.

28 I'd ask you the question, Mr. Chairman, that I

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1 asked earlier. And that is, is there anything more
2 that we can or should do with the youth while they're in
3 the Authority?

4 MR. CRAMER: Yes, sir.

5 CHAIRMAN SEYMOUR: And before they come up to
6 you for a decision as to do you put them back out on the
7 street, and then once they're out there, how do you ensure
8 that, you know, they don't get back into the system. Is
9 there something more we can do or should do?

10 MR. CRAMER: Senator, I think again, reinforcing
11 what Director Rowland talked about earlier, the continued
12 support of the Legislature in funding and seeing that we
13 have the resources that the Youth Authority needs to
14 develop the programs that Mr. Rowland and I both feel are
15 necessary to turn these young people away from the life
16 style that they led prior to coming into the Youth
17 Authority, and that includes employability skills, the
18 development of employability skills, dealing with the lack
19 of self-esteem that appears to be one of the critical
20 factors in a person's turning to drug usage, effective
21 substance abuse programs that can be made available to
22 youths that have a serious and long-standing substance
23 abuse problem.

24 The Board, in cooperation and coordination with
25 the Youth Authority, has developed what we term as a
26 formalized substance abuse program. These are nine to 12
27 month programs that are specifically directed in intensive
28 treatment modes toward individuals who have these

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1 identified -- or identified as having these needs.

2 We need -- we need to turn them around at this
3 point if we can do that.

4 From the time -- when they enter the Youth
5 Authority, they have been through every program available
6 to them at the local level. This is the placement of
7 last resort prior to going into the adult system. We need
8 to turn them around here. The way to do that is with an
9 effective, well-funded resources that we can continue this
10 treatment, because I believe that they are effective and
11 we can be effective in turning these young people around.

12 CHAIRMAN SEYMOUR: Well, let me say, Mr. Chairman,
13 that any thoughts you or Mr. Rowland have relative to
14 budget and what resources are needed, please let me know.
15 In my capacity as Vice-Chairman of that committee, I'll
16 certainly give them very serious consideration.

17 MR. CRAMER: Thank you.

18 CHAIRMAN SEYMOUR: Thank you for being with us.

19 MR. CRAMER: Thank you, sir, a pleasure.

20 CHAIRMAN SEYMOUR: We are -- I guess we are
21 better than five minutes ahead of schedule. In the last
22 five minutes before we recess until 1:00 p.m., is there a
23 member out in the audience who isn't scheduled to be a
24 witness that would like to offer something?

25 Okay. If not, then we will recess until 1:00 p.m.
26 Thank you very much.

27 (Thereupon the hearing was recessed
28 for lunch.)

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AFTERNOON SESSION

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2
3 CHAIRMAN SEYMOUR: The Senate Select Committee
4 on Drug and Alcohol Abuse Interim Hearing on the master
5 plan approach is back in session.

6 First, my apologies for being four minutes late.
7 Our first witness this afternoon is Mr. George Feicht,
8 who is the Legislative Chair of the California County
9 Drug Program Administrators. Welcome.

10 MR. FEICHT: Thanks, Senator Seymour.

11 What I'd like to do today is just take a couple
12 minutes. I've prepared some written testimony, which you
13 have. And I'd just like to highlight a couple of the
14 comments that I made in the written testimony.

15 CHAIRMAN SEYMOUR: Great.

16 MR. FEICHT: And then if you have any questions,
17 I'd be glad to answer them.

18 My name is George Feicht. I'm the Substance
19 Abuse Program Administrator in San Joaquin County and the
20 current Legislative Chair of the State Association of
21 County Drug Program Administrators.

22 Basically, the organization or the association,
23 as you know, is formed for the implicit purpose of advising
24 the State Department of Alcohol and Drug Programs on the
25 needs for treatment and prevention in the State of
26 California.

27 We basically feel that there is a need for a
28 master plan. And it seems kind of strange that we have a

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1 plan that comes from the State Legislature every year
2 that is mandated is sort of reflective of past needs and
3 past things that are happening, but it doesn't really
4 address some of the local needs.

5 What the Welfare & Institutions Code clearly
6 states that the State shall develop a plan to alleviate
7 problems related to inappropriate use of drugs and they
8 should review that plan on an annual basis.

9 One of the things that we feel is important
10 is that on a local level, there's already in place some
11 mandates on how we carry out a local plan. And this local
12 plan has to take a look at what are the needs in every
13 county in California for the provision of treatment and
14 prevention services. One of these that we have to do on
15 that plan (sic) is have an open access to the public
16 process. And that was also mandated in the law.

17 We have county advisory boards on drug programs.
18 And those -- that advisory board's specific role is to
19 make sure that the county does, in fact, open up the
20 process to the public; that people that are operating
21 current drug programs, the resources that are out there are
22 invited to give testimony. They take a look at what the
23 needs are in the county. They then take a look at what
24 the resources are to address those needs. Make a decision
25 on what the priorities will be in each local county, and
26 then also set up a priority list of what we consider are the
27 unmet needs in those counties for planning.

28 And to address the question -- the first question

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1 you had, is there a need to coordinate public, State, and
2 private rehab programs? We feel, yes, there is. We also
3 feel, however, that the mechanism for doing that is in
4 place. That maybe what needs to happen is that the
5 Legislature or this Committee or somebody needs to ask the
6 State Department of Alcohol and Drug Programs exactly the
7 process they use in developing a State plan.

8 One of the problems we feel is that the local
9 plans are basically reviewed by the State Department on an
10 annual basis, but they're reviewed primarily to see if the
11 county met all those requirements that are outlined in the
12 law.

13 And that necessarily, the needs and the unmet
14 needs that are established in county plans are never put
15 together then as part of them developing a statewide plan
16 for California. And I think that's one of the problems.
17 One of the other things is that maybe the Department needs
18 to take a look at opening up the State planning process
19 similar to what we do on a county level. There is a
20 State Advisory Committee on Drug Problems, just like there
21 are local county advisory committees.

22 It might be important that the State should take
23 a look at public hearings maybe in conjunction with the
24 Senate Select Committee, that there ought to be public
25 hearings then to receive input. Number one, they should
26 review the county plans and take from those plans what we
27 see as the need and the needs in each county, and put
28 them together, because even though they may be different --

1 certainly in San Joaquin County, there's probably some
2 different needs than there are in L.A. County versus
3 someplace like Humboldt County. But, in fact, generically
4 speaking, there are certain prevention and treatment needs
5 that are going to encompass all citizens of California.

6 That maybe a little bit more seriousness (sic)
7 ought to be taken of the county plans as far as those
8 statements of needs rather than just whether we met these
9 14 or 15 requirements that are stated in the law.

10 Secondly, that those needs ought to be put
11 together as sort of a preliminary draft, and then maybe
12 public hearings throughout the State of California, then,
13 to receive input from various areas -- the constituents,
14 the resource groups, the agencies that are out there
15 providing prevention and treatment services could then be
16 sort of coordinated with so that they have an opportunity
17 and also access that plan.

18 And then the Department ought to put that
19 together in a plan to the Legislature. That plan should
20 not be an exercise -- and that's really how we feel the
21 Department looks at the State plan now. It's sort of an
22 exercise and more of a report to the Legislature on what's
23 taken place, but doesn't address what some of the priorities
24 are in California. And they do change. It doesn't
25 address some of the major unmet needs in California. It
26 doesn't take a look at creative ways of developing the
27 resources that are necessary to address those unmet needs.
28 And if we're going to begin to attack this problem -- it's

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1 a real tragedy -- then, in fact, we need some kind of 90
2 State leadership in the area of saying, okay, this is what
3 we see as the needs in California. These are the unmet
4 needs. And here's some of the areas that we need to
5 provide technical assistance in, and here's some of the
6 areas we need to go to the Legislature and ask for more
7 money on.

8 And, basically, that's my report.

9 CHAIRMAN SEYMOUR: Thank you, Mr. Feicht.

10 The thing that concerns me in trying to determine
11 the need for a master plan and what shall that master plan
12 say or outline -- and I mentioned earlier this morning --
13 and that is at the local level, you know best. I'm
14 convinced of that. And so to the degree a master plan
15 confines you or restricts you or mandates you, I'm not so
16 sure that's good.

17 MR. FEICHT: No.

18 CHAIRMAN SEYMOUR: And in searching for the
19 appropriate vehicle to sort of be the coordinator, if you
20 will, in essence the State Department, you know, that's
21 pretty logical. Beyond that, let me ask you, Mr. Feicht,
22 do you think the Governor's Advisory Committee would be
23 the appropriate body to -- if the Legislature were to
24 provide an umbrella type master plan, very loose -- it's
25 probably the wrong word, but the general direction -- and
26 then the Governor's Advisory Committee were to look at
27 these county plans and then advise or direct ADP in
28 implementation, does that make any sense?

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1 MR. FEICHT: I think it does, because the --
2 you referred to the Governor's Advisory Committee.
3 Actually, five members are appointed by the Senate, five
4 by the Assembly, and five by the Governor. So, it is to
5 advise the Governor through the Department on what the
6 needs are. But I think that there's representation there
7 to take a good look at what our -- what are the directions
8 California needs to go into in the future? They need to be
9 generic in the sense that you come up with one area that
10 says maybe you ought to have Methadone maintenance programs.

11 Now, you know, in some counties there just
12 isn't a problem. There's no need for them to develop a
13 Methadone program. But I think when you look at
14 prevention issues and when you look at some treatment
15 issues in counties, there are some, you know, generic
16 statements can be made. And I think -- especially in the
17 area of unmet needs. We can take a look at gathering some
18 of those unmet needs and putting them together. And we
19 don't have that now. We have 58 different plans in
20 California and 58 philosophical statements that are
21 probably the same, you know, that is that people who have
22 a problem with drugs need to get services for them. And
23 people that haven't got a problem, let's see what we can do
24 to prevent them from needing the services.

25 But I think specific services have to be left
26 at the local level. I do believe, though, an advisory
27 board can oversee or coordinate a type of planning that
28 should be developed by the Department.

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1 And I think they're there to hold public
2 meetings and see if the people in California believe that
3 they are going in the right direction. I think the
4 Department doesn't spend enough time on developing the
5 State plan. I think it's more of a report. And I think
6 that clearly they should be developing a plan. And maybe
7 you're right. It needs to be generic.

8 CHAIRMAN SEYMOUR: Do folks in your position,
9 program administrators at the county level, do you talk
10 much, interrelate with much county departments of
11 education?

12 MR. FEICHT: Yes.

13 CHAIRMAN SEYMOUR: You do?

14 MR. FEICHT: Education and law enforcement.
15 Usually we have members from both on our advisory boards,
16 sort of mandated members. We have representatives of
17 education and law enforcement on your local advisory
18 board. And most of us get those folks that are important,
19 like, for instance, on my advisory board, I have the head
20 of the narcotics of the largest city of my community on
21 the advisory board, representatives from the superintendent's
22 office, and some school teachers, and so forth.

23 And also in the planning process, we access
24 those different resources to make sure there's representa-
25 tion of education, law enforcement, as well as treatment
26 and prevention community in developing our own local county
27 plans.

28 CHAIRMAN SEYMOUR: Well, as we move along in

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1 this hearing, I would certainly appreciate any input
2 additional input you might add. And I'm sure you'll
3 provide -- call me if anything should emanate from this
4 particular public relative to a master plan.

5 MR. FEICHT: Thank you.

6 CHAIRMAN SEYMOUR: Thank you for a great job
7 you guys do.

8 I've been joined by Assemblywoman Doris Allen,
9 who has been a leader in the Assembly relative to
10 legislation and expressed concern in this area of substance
11 abuse. Doris?

12 ASSEMBLYWOMAN ALLEN: Thank you.

13 CHAIRMAN SEYMOUR: Happy to have you. Our
14 next witness is Dr. Andrew Mecca, the Executive Director
15 of California Health Research Foundation.

16 DR. MECCA: Before I start, Senator Seymour,
17 the Transcontinental Relay Team just finished a world
18 record-setting relay race across America to raise monies
19 for the National Drug Abuse Prevention Project. And the
20 team would like to present you on behalf of your
21 Herculean efforts in drug abuse a T-shirt, only worn by
22 the runners.

23 (Thereupon Dr. Mecca presented
24 Senator Seymour with a T-shirt.)

25 CHAIRMAN SEYMOUR: That's beautiful. Thank you.

26 (Applause.)

27 DR. MECCA: Now put on your shoes and run.

28 ASSEMBLYWOMAN ALLEN: It will go great with your

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1 running shorts.

2 DR. MECCA: It's an honor to be here. And,
3 again, I would probably echo a lot of George Feicht's
4 remarks in somewhat; however, I might challenge the need
5 for a master plan, per se. I think we both might arrive
6 at the same outcome however.

7 I would like to preface my remarks and say that
8 I don't come to you as an expert. I know that a lot of us,
9 might with our backgrounds and longevity, after two decades
10 of working in this field, I can submit to you very
11 specifically that what I experienced in my views in
12 Vietnam running the drug abuse programs over there -- and
13 they loaned me to the Thai Government and Australian
14 Government after the war to set up their program -- is
15 far different I think in my beliefs today.

16 So, through observation and maturation, I think
17 I would rather come to you with just two decades of
18 experience working in the trenches and the past 12 years
19 as Chief of Alcohol and Drug Services in Marin. Besides,
20 I have a predisposed bias about experts, which is best
21 reflected by the story in which President Reagan, Ford,
22 Henry Kissinger, and a priest and hippy are flying along
23 at 50,000 feet and the pilot walks out and says, "The
24 engines are failing. We're going to have to jump out
25 but there's only five parachutes."

26 And he takes one and jumps. And immediately,
27 President Reagan stands up and says, "Well, I'm the
28 President. I have to lead the people and I've got two more

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1 years." And he takes a chute and jumps.

2 Whereupon, Ford stands up and says, "I have a
3 golf match." And he takes a chute and jumps,

4 Whereupon, Henry Kissinger stands and says, "I'm
5 the most brilliant expert at negotiation in the world. My
6 expertise must remain to solve problems in South Africa
7 or wherever my expertise is needed for negotiations."

8 And he takes a chute and jumps, leaving one parachute for
9 the priest and the hippy.

10 Whereupon the priest, an older man, looks at
11 the hippy and says, "I'm not a martyr, but I have had a
12 full life and you've got your whole life ahead of you. I
13 want you to take the last chute and jump."

14 Whereupon, the hippy looks up at the father
15 and says, "Father, no sweat. The smartest son of a gun in
16 the whole world just jumped out with my backpack."

17 (Laughter.)

18 So, rather than speaking to you as an expert,
19 I'd rather offer some basic home-grown observations. I
20 have seen a number of cultural approaches to the problem of
21 alcohol and drug abuse, particularly in the past few
22 years I've worked with native elders in Alaska, native
23 Hawaiians, and have, I think, gained some insight into
24 the depth of the cultural issue in which we're faced and
25 which I appreciate the time that you're giving us in terms
26 of supporting our efforts and exploring better ways
27 of maybe mounting a major response to this health epidemic.

28 Obviously, one of the issues is our young

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1 culture's absence of myth and tradition.

2 One need only look to the Native American experience
3 and see that at the time of the end of Buffalo, which was
4 the heart and soul and Native American tradition, was the
5 advent and growing increase in alcohol and drug abuse
6 that was nonceremonial and ritualistic amongst the natives.
7 In Alaska, it's close to an enormous epidemic, beyond
8 anything in our imagination, exists with both Eskimos and
9 Native Indians in Alaska, and it's being attacked
10 successfully with the reintroduction of native traditions
11 through spirit camps. In fact, 50 spirit camps were held
12 this summer.

13 Native elders are somewhat passive, but they saw
14 that the stakes were so high that in 1991, the Land
15 Grants Act is up and basically each native has a share in
16 a corporation that they can sell on the open market. And
17 the native elders became fearful that somebody can come
18 along, offer a pound of cocaine and a large supply of
19 booze and that native would sell their share in the
20 corporation, and they would lose control of tens of millions
21 of vast wilderness that is very magnificent.

22 So, they decided to reassert themselves and
23 convene spirit camps. Basically building a bridge between
24 the native elders and the young kids, because it's the
25 18 to 35 year olds that are addicted. And they are
26 succeeding. And after the 50 spirit camps -- basically
27 they reintroduce native traditions, mythology, rights of
28 passage for the youth -- it gives a sense of honor and

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1 ownership and a responsibility for the health of the
2 tribe. They succeeded in 47 percent of those villages
3 that participated and now declare themselves dry.

4 Now, I'm not suggesting that here we introduce
5 native traditions. We really don't have any. But we need
6 to create them and not to create a prohibitionist
7 movement.

8 But I have seen recently across the country --
9 and I visited 17 different states -- who have emphasized
10 community-based prevention efforts, the emergence of
11 some tradition. And whether or not that becomes mythology
12 through maturation, I'm not sure. However, I would submit
13 that the empowerment of local communities is where the
14 solution to this epidemic rests.

15 Now, anything that we can do at the State level
16 to reinforce -- and I think we are blessed by the
17 leadership, particularly in the last four years, of the
18 State Department of Alcohol and Drug Programs, that has
19 reinforced and validated the importance of the local
20 community. And I appreciate your remarks in validating
21 that as well.

22 It would be hard for me to fathom the
23 State Department -- given their diminished staff resources --
24 to do really more in terms of preparing any master plan.
25 If a master plan reinforced what is going on at the local
26 level, fine. But, if anything, I would hope that the
27 evolution of legislation, which you all deserve enormous
28 credit, is rich. And California has the responsibility for

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1 basically being at the cutting edge. We have created
2 in this State through your legislative efforts legislation
3 that mandates local involvement. It created and supported
4 community and statewide planning. And it has created the
5 newest and I think best prevention architecture called the
6 framework. And I understand that that was presented to
7 you this morning.

8 It works. It gives a handle, finally, to local
9 community people, whether it be the fifth grade teacher,
10 the parent, concerned businessman, whomever, to understand
11 that prevention is not synonymous with classroom-based
12 education alone, but rather needs to be reinforced with
13 what's going on in the environment of that community, public
14 policies, and community organizing, media, training,
15 education, all interacting to create a new standard or norm
16 for what communities will tolerate or not tolerate in terms
17 of alcohol and drug use and its related problems.

18 A classic example was the San Leandro School
19 Board, who considered -- the concurrent sale of booze at
20 a Stop 'n Go gas station across the street from the
21 high school as an environmental risk. And they basically
22 looked at that and saw that they'd have to change the public
23 policy to effect change.

24 They mobilized the community through community
25 organizing. They used the media, some training, some
26 education techniques to basically effect community
27 organizing where they finally arrived at the Board of
28 Supervisors and got them, after a period of time, to

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1 establish a new ordinance to prohibit concurrent sale
2 of booze at Stop 'N Go gas stations.

3 Therefore, you saw a change in public policy
4 which created an environmental risk previously; that
5 affected media organizing, the use of media training and
6 education.

7 This gives communities a whole new sense of
8 empowerment that they can effect change. They're beginning
9 to understand with youth involvement, the kids are beginning
10 to say, "You ask us to do something different than you're
11 doing." Because kids continue to confront us with
12 the hypocrisy of, "You want us to be better than you are.
13 You tell us not to drink and drive, yet, Mom and Dad, you
14 do. You tell us not to use recreational drugs, yet you
15 do. Society permeates us with messages on TV, for instance,
16 that says to have fun and cope with life, you do it
17 chemically."

18 I'm merely submitting that the leadership
19 currently in the State Department, yours, I think has
20 affected such an emphasis that the solution rests in the
21 local community. And I would submit that the three
22 questions in your letter inviting me to come today were,
23 is there any need to coordinate? Absolutely. There's a
24 need to coordinate local, State, and community, and
25 private sector efforts.

26 But I believe also -- back to your second
27 question -- can it be done effectively and is there a need
28 for a new mechanism? I think that the mechanism's already

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1 in place. We have State mandated State and local
2 advisory boards, local alcohol and drug administrators,
3 and the emergence of both voluntary and private sector
4 interest and involvement in this. But the solution cannot
5 come from the State. I think support and validation,
6 acknowledgment, the creation of maybe new technology, but
7 it has to be directed at validating the independent efforts.
8 Because where I have seen the successes, whether it's
9 Jane Norman and her prevention efforts in Shasta County,
10 the Department again, its Division of Alcohol Programs
11 Prevention Section, has supported the emergence of
12 prevention efforts that have shown where people are
13 involved locally, they take ownership for that solution.

14 They sustain the involvement. The long reach of
15 the State cannot sustain the voluntary and professional
16 involvement at the local. And it can be sensitive.
17 There's a meeting I'm going to tonight in Marin City, the
18 black catchment area in Marin County. Everybody thinks
19 Marin is so wealthy. It's faced with an enormous dilemma.
20 Because they're burying somebody once a week from overdoses,
21 but the four pushers they've identified are all related
22 to people. They give the most amount of money to the
23 social service agencies and poor families in that community,
24 and so there are a lot of people who are saying, "We can't
25 kick them out of the community because we rely on them so
26 much."

27 Now, that is a dilemma that only a local
28 community can deal with. And they're preparing to deal

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1 with it. And it's an enormous battle.

2 But some State master plan cannot address that
3 sort of problem. However, something that the State -- and
4 I would just conclude -- a major initiative where I think
5 the State in deference to the local efforts could play an
6 enormous role in carrying us into the next century's
7 prevention efforts, and may support the emergence of
8 tradition and whatever at the local level, would be the
9 creation of funding and support of a statewide prevention
10 resource center that would provide at a minimum a 1-800
11 number where the fifth-grade teacher, the parent, the
12 grandmother who wants to do something about prevention
13 could call and say, "What's going on in my community?"

14 This is enormously difficult for -- given the
15 limited resources in the local community -- for the
16 Alcohol and Drug Administrator to do. But if you had one
17 State resource center where somebody could call, could
18 get materials about the framework, where the dissemination
19 of the new technology, where the understanding of some of
20 the parents, support groups that have been created
21 statewide, how they get in contact. Because if they --
22 over a period of time, this resource center could be
23 aware of and respond to the fifth-grade teacher and say,
24 "Did you know that your sixth-grade teacher, Sally Evans,
25 next door has just implemented the Quest program, and that
26 you have a parents support group in that community. And
27 your Alcohol and Drug Administrator's name and phone number
28 is. . ." So I think, to obviously -- with the advent of

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1 designer drugs, the fact, I think, public -- law enforcement
2 officials are saying that the interdiction strategies
3 will not work. And they become moot in fact with the
4 advent of designer drugs.

5 Cocaine. We don't need to import cocaine
6 within a year to two years because it will be synthetically
7 created in a laboratory. Kids in a high school chemistry
8 lab will be creating cocaine within two years, a hundred
9 percent pure. Who knows what other analogs we will
10 discover to be able to synthesize in the lab? So, demand,
11 as everyone knows now has become chic, becomes the major
12 focal point. We need to put in place and support now
13 a framework that we understand works for preventing
14 alcohol and drug abuse, which requires local involvement.
15 It's as simple as maybe my grandfather said -- an Italian
16 immigrant -- he said, "The loudest statement that we can
17 make about the world that we envision is what we do in our
18 own life."

19 As simply put in any AA meeting somebody
20 might go to, "You've got to walk the talk." These
21 prevention -- this prevention architecture could be
22 reinforced, disseminated, and helped built over the next
23 decade through the support of the State resource center.
24 Now, that resource center does not have to be necessarily
25 a place. It could be a network of existing activities
26 who, with additional resources, could support the
27 visibility of successes that are emerging right now in
28 communities. But communities, who are also saying, "Gee,

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1 we'd love to do that. We didn't know it was going on.
2 How do we find out? How do we do it? Can you help us?"

3 CHAIRMAN SEYMOUR: Assemblywoman Allen?

4 ASSEMBLYWOMAN ALLEN: I have a question on
5 that one area. When you're talking about the resource
6 center, and from what you're saying, you're saying that
7 perhaps that would be a dissemination network more so than
8 a center, that would be a center of gathering of
9 resource information that's out throughout the State and
10 then disseminating it through a network operation
11 disseminating it through the local areas. Is that --

12 DR. MECCA: Absolutely. That's a major piece.
13 Obviously, you have a focal point, somewhere an office,
14 wherever it is, where there is that 800 response capability.
15 You have someone who's coordinating that, who's maybe a hub
16 to that network of activity. I think it's gorgeous. We
17 have a bipartisan acknowledgement -- the Attorney General's
18 report -- and acknowledging in that report that the
19 Department of Alcohol and Drug Programs would be, in fact,
20 the appropriate place to coordinate and facilitate that
21 kind of resource center.

22 Now, granted, we have a Governor who just
23 received a mandate that is not necessarily inclined to
24 increase funding. I think because of the potential for
25 a bipartisan effort and with the acknowledgment that
26 there's Federal funds, which this Administration, partic-
27 ularly Chauncey Veatch, was enormously effective in
28 lobbying for, which will bring new monies to California, I

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1 think it's one of those small focalized opportunities
2 for a bipartisan effort that would benefit all of
3 California.

4 CHAIRMAN SEYMOUR: Anything else, Dr. Mecca?

5 DR. MECCA: That's it.

6 CHAIRMAN SEYMOUR: Well, let me say thank you
7 for being with us today. Obviously, your breadth of
8 experience brings a very rational, logical -- I think --
9 look at this whole issue of a master plan and how best
10 to attack the problem.

11 And my inclination, Dr. Mecca, is generally --
12 at least at the moment -- generally about what you
13 described.

14 Let me ask you this question though. In
15 politics and therefore government, in order to get some-
16 thing done, one of the -- at least it's my opinion -- one
17 needs to strike while the iron is hot. And I can remember
18 going back when I first came to the Legislature in 1982,
19 and this whole issue of the quality of education came
20 before us, and we all scurried around here and put together
21 as best we could Senate Bill 813, a funding vehicle, and
22 reform, and all of that. I was saying in those days, "This
23 is super." But if you really believe that the State's
24 No. 1 priority ought to be education, then we have to
25 find some way to guarantee that there will be monies
26 available when the spotlight is no longer on the quality
27 of education because the media and the public and society
28 has moved on to toxics or drugs, you know, the next wave.

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1 I wasn't successful obviously. But I see that same
2 type of opportunity now. And I know full well that, as
3 some of you have said, that drugs have been in our society
4 since Biblical days. They'll always be in our society.
5 The best we can do is to try to do some of these things
6 you've been talking about and others have been talking
7 about today.

8 If it's true that the spotlight is on this area
9 right now, then it seems we do have a window of opportunity
10 to do something to ensure longevity and continuity in the
11 program. Having said all that, do you have any response
12 or thoughts on that?

13 DR. MECCA: Yes. I'd first like to say that I
14 think your efforts previously around education did leave
15 some seeds that have some far greater attention to what
16 excellence in education means. So, I wouldn't diminish
17 what your efforts succeeded in that regard.

18 I look upon this window of opportunity -- having
19 worked in the field for two decades -- I recall sitting
20 in the East Room of the White House when I came back from
21 Vietnam, Richard Nixon saying, "We have turned the corner
22 on drug abuse."

23 At that time, there was a half million estimated
24 heroin addicts. Today, we're faced with not only that
25 half million heroin addicts, but five to seven million
26 addicted to cocaine, 15 million -- mostly women -- addicted
27 to Valium, estimated 12 million alcoholics. Basically,
28 a chemically oriented society that at least half our entire

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1 population is affected.

2 This window of opportunity -- and coming from
3 a recovering family, I can just say personally, I pray that
4 we can capitalize on this where everyone doesn't have to be
5 touched by the problem personally -- to mobilize the
6 dissonance for change. I will go back to the prevention
7 resource center as what I see as a fulcrum upon which
8 we capitalize. It's venture capital. And one of the things
9 I personally appreciate about this administration is its
10 attempt to take a leadership role in building public/private
11 partnerships.

12 I have talked with a number of individuals I'm
13 consulting with right now in terms of their participation,
14 not only in inhouse drug prevention efforts -- alcohol
15 and drug prevention efforts -- but also what can they do in
16 the community to reinforce a value that they are
17 communicating to their employees that we are about drug
18 and alcohol abuse prevention.

19 A resource center would become a focal point
20 where industry, I feel, is prepared to make a most
21 significant focalized contribution to again, as venture
22 capital, looking for a solution as maybe a decade. And
23 I'm not sure that we need to look beyond at -- at least my
24 view is that we've always talked about, "We've got to do it
25 in a year. We've got to do it in two years."

26 A resource center that would have a minimum
27 view of ten years to put in place in communities efforts
28 that could then be sustained through the public/private

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1 partnership. One of the things we've done is we've
 2 never really sat down with the private sector. The public/
 3 private partnership at the Federal level sort of fell
 4 apart because of some various pressures. I think we can
 5 learn from those mistakes. It's out of mistakes that we
 6 really grow.

7 I think we could build in this State -- it could
 8 be the first of its kind. Wisconsin and Minnesota have
 9 small resource centers. I'm talking in terms -- and what
 10 I've spelled out here in my written testimony is a depth
 11 of potential that could then help venture capital in local
 12 communities, public/private partnerships, where you would
 13 maybe have within the first two to three years at least one
 14 or two prevention councils in all 58 counties, who would
 15 have business participation.

16 You could put a business roundtable -- or use
 17 the business roundtable that already exists, representatives
 18 from there, to build a public/private partnership and
 19 saying, "Hey, for the next three to four years, why can't
 20 you contribute? The State's putting in 800,000; why don't
 21 you put in 800,000 to start building an endowment to
 22 ensure the continuity and sustaining power of this
 23 activity?"

24 The same thing at local level. The local --
 25 with resource monies coming to the State that will be
 26 subvented to the county, setting aside some of that where
 27 it could be a challenge match. Wouldn't it be an
 28 interesting reversal if public monies were used as leverage

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1 for challenge matches, which the Federal legislation
2 interestingly would provide. There's language in there
3 that would provide for this. Challenge matches to the
4 private sector and say, "Come on. We're going to take the
5 leadership role. You participate."

6 I've talked with people at the United Way, both
7 nationally, State, and the Bay Area, who are somewhat
8 fascinated by this, thinking that, My gosh. We could
9 participate in venture capital, leveraging of our dollars.

10 "If the State were participating, the Federal
11 Government, the private sector, gee, we could get the
12 biggest bang for our dollar ever in terms of us all
13 focalizing our efforts in the next few years to not only
14 fund, support, but also sustain alcohol and drug abuse
15 prevention efforts statewide."

16 Out of 50 social causes in America today,
17 alcohol and drug abuse, as far as fund raising in the
18 private sector, is last on the list.

19 CHAIRMAN SEYMOUR: Assemblywoman Allen?

20 ASSEMBLYWOMAN ALLEN: I have a question, and
21 maybe this sounds really simplistic or way behind what
22 you're saying. But with all your experience dealing with
23 it, what do you believe is the major cause of the drug
24 abuse and the alcohol abuse? What is missing somewhere
25 that this has happened?

26 DR. MECCA: It's as deep as you can go. That's
27 a perfect question that needs to continue to be kept
28 visible. It's an absence in our culture of appropriate

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1 cultural traditions and values that reinforce appropriate
2 behavior.

3 We basically are a young culture, only 200
4 years old. We do not have a right of passage for youth.
5 Historically, one -- possibly putting on my anthropologist's
6 hat -- but one need only look to the traditional Jewish
7 and Italian cultures where alcohol, for instance, was used
8 ceremoniously and ritualistically. But alcohol abuse was
9 not tolerated, to the point even -- as an immigrant,
10 my family and I experienced when Uncle Joe got drunk at
11 the wedding where he was not invited and included for
12 years, until he got sober, to social functions. It was
13 reinforced, both at the family level and the cultural
14 level.

15 ASSEMBLYWOMAN ALLEN: Do you think that could
16 happen here again?

17 DR. MECCA: I see it happening. I see social
18 organizations today, not only in California. And I could
19 take you to communities throughout the State and show you
20 where it's working. There are people in this audience
21 who could give you first-hand experience. Again, from
22 families that I've worked with personally who are now
23 hosting parties and saying right up front this one --
24 you know, a ceremonial or ritualistic use of wine or
25 other beverages -- but always an emphasis now on the
26 alternative beverages, just appropriate hosting. The fact
27 that social organizations who use to sponsor Friday
28 afternoon TGIFs to raise monies, who are now saying, "Not

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1 only am I not going to do that, if we ever have alcohol,
 2 we will always in our letter, invitation, and post a sign,
 3 "If you choose to drink, don't drive." We have
 4 communities who are beginning to say, gee, it's not
 5 appropriate for us to be telling the kids not to drink and
 6 drive, and then have these public events, whether it be
 7 a theater arts guild, a mountain play, or whatever where
 8 there's lots of booze sold and people are getting in the
 9 car and driving.

10 People are beginning to question the
 11 environmental messages. We are beginning to see challenges
 12 to the messages on the media. People are beginning to
 13 question if we aren't -- if we are going to have and not
 14 lose an entire generation, we have to put in place the
 15 seeds, you know, that we can sow that will blossom into
 16 a crop of new cultural norms that will emphasize appropriate
 17 use of alcohol and nontolerance of drug abuse and drug use,
 18 recreational.

19 You can't legislate it. Law enforcement --
 20 how long have we tried that? It doesn't work. And if
 21 anything, it possibly reinforces for kids still that
 22 adolescent right of passage which we need to substitute
 23 with something else much healthier.

24 ASSEMBLYWOMAN ALLEN: Thank you.

25 CHAIRMAN SEYMOUR: Dr. Mecca, thank you for
 26 your inspiring testimony.

27 DR. MECCA: I appreciate it. And I want to
 28 thank you for your continued efforts in giving us this

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1 opportunity for we in the field to -- who serve in the
2 trenches. We appreciate it. And it provides reinforcement
3 and validation to everyone that we're trying to make a
4 change. And I think it's happening.

5 CHAIRMAN SEYMOUR: I think it is, too.

6 It's exciting to be part of it. Our next witness
7 is Ms. Carol Stein, who is the Executive Director of
8 Californians for Drug-Free Youth.

9 Carol, good afternoon.

10 MS. STEIN: Hi. Mr. Chairman, members of the
11 Committee, thank you for the outstanding leadership you
12 have provided during the past two years to combat drug
13 abuse in our State.

14 I am honored to speak to you today on behalf
15 of Californians for Drug-Free Youth.

16 We need your help to solidify California's
17 war on drugs. We believe that a statewide mobilization
18 of forces, both public and private, is imperative. Law
19 enforcement and other State agencies, no matter how
20 valiant their efforts, cannot win the war alone.

21 Two years ago at our statewide conference,
22 800 Californians began a campaign to obtain a commitment
23 from the top leaders in our State for a long-term,
24 broad-based approach to combat drug and alcohol abuse.
25 Every segment is affected and representatives from every
26 segment are needed to fight the battle.

27 Key decision-makers responded to our campaign
28 by offering their assistance in obtaining a master plan to

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1 reduce and eliminate the supply and demand of drugs,
2 illegal drugs.

3 Attorney General John Van de Kamp formed the
4 Commission on the Prevention of Drug and Alcohol Abuse.
5 Repeatedly, the Commission heard from individuals requesting
6 coordination, centralization, and leadership in State
7 prevention efforts.

8 Parents, professionals, community leaders, and
9 the public throughout the State convinced the Attorney
10 General's Commission of the need for a clearly defined and
11 coordinated response to the drug and alcohol abuse problem
12 in California.

13 The 1984 Department of Alcohol and Drug
14 Programs Director's Task Force on Drug Abuse Prevention
15 report also states that there should be a comprehensive
16 statewide prevention plan implemented in California.

17 The epidemic of drug and alcohol abuse which
18 has penetrated every segment of our society is destroying
19 California's most valuable resource, our youth. These
20 drugs reduce their ability to think, to learn, to be
21 creative, and to be productive. There is a desperate need
22 for low-cost residential treatment centers for
23 adolescents.

24 Californians for Drug-Free Youth receives as
25 many as 26 telephone calls a week from parents pleading for
26 help. In our State, we have a maximum of eight affordable
27 adolescent treatment centers and there are long waiting
28 lists for these resources. When we neglect rehabilitating

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1 a 13-year-old, not only will the child and his family
2 suffer a tremendous burden, but the California Youth
3 Authority will most likely pay \$20,000 per year to take
4 care of him several years later.

5 Californians for Drug-Free Youth propose the
6 following steps be taken towards achieving the goal of a
7 five-year master plan to reduce drug abuse:

8 The Senate Select Committee on Drug and Alcohol
9 Abuse could hold regional public hearings throughout the
10 State to receive input on priorities for a five-year master
11 plan which deals with prevention, treatment, and supply
12 reduction on a year-to-year basis. The plan should
13 incorporate the recommendations from the Attorney General's
14 Commission on the Prevention of Drug and Alcohol Abuse.

15 It should identify how we can use the money we
16 have now to fight drug abuse more effectively and
17 efficiently, thus avoid duplication of dollars and effort.
18 We also need to identify how to obtain new resources.
19 We're proposing a real plan with priorities, a funding base,
20 and the direction we should take in California to win the
21 war on drugs.

22 After the unmet needs and priorities regarding
23 drug abuse prevention, treatment, and supply reduction are
24 identified by each segment of our State during regional
25 hearings, representatives from the Senate Select Committee
26 on Drug and Alcohol Abuse, Californians for Drug-Free Youth,
27 the County Drug and Alcohol Program Administrators
28 Organizations, the Department of Alcohol and Drug Programs,

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1 the Department of Education, the Department of Justice,¹¹⁴
2 and other appropriate organizations should prepare and have
3 a role in implementing California's five-year master plan
4 to reduce drug and alcohol abuse.

5 The Legislature would then adopt the plan and
6 the Governor would sign it.

7 The Governor of Massachusetts unveiled a major
8 five-year plan to reduce drug and alcohol abuse in his
9 state a month ago. It even includes a tool to assess the
10 impact that Massachusetts is having on reducing drug abuse.

11 Today, with your help, we can solidify our
12 effort to reduce drug and alcohol abuse by bringing the
13 Democratic and Republican leaders in our State together
14 with the people in a bipartisan, coordinated approach to
15 prevent drug abuse.

16 The future of California is at stake.

17 And I also wanted to add some remarks, if I may,
18 Senator.

19 CHAIRMAN SEYMOUR: Please, go ahead.

20 MS. STEIN: Myself and many of the leaders and
21 constituents in our organization have worked for years within
22 the system that we already have set up in our State.

23 I'm talking about the structure that we have
24 in the Department of Alcohol and Drug Programs, the State
25 Drug and Alcohol Advisory Board, and the County Drug
26 Officers, and the County Drug Advisory Boards. Many of us
27 have served on those boards. I've been a chairman of the
28 local board. I've served for four years on the State

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1 Advisory Board. And there are pluses to the structure
2 that we already have in place. But there are also
3 minuses. And the reason that I am here today on behalf of
4 thousands of concerned Californians, which are all
5 volunteers, is to present to you what we feel are the
6 minuses in that system and what are the pluses.

7 Okay, one of the minuses in that system is that
8 when I was on the State Drug Advisory Board, our Board
9 would come up with needs year after year; such as,
10 we needed more treatment centers, low-cost treatment
11 centers for youth. But the problem was that we were only
12 an advisory board. And there was a level of bureaucracy
13 between us and the policy-makers. The Legislature and the
14 Governor are the policy-makers.

15 So when the State Advisory Board brings up unmet
16 needs that they have listened repeatedly for years from
17 the public, and they advise a Director of the Department
18 of Alcohol and Drug Programs -- and you can only advise
19 the person. And there's been no policy from the top, it
20 doesn't get done. We didn't get residential treatment
21 centers for youth, low cost.

22 Another unmet need that we brought up was that
23 within the Department, it was our recommendation that in
24 the area of prevention, if the alcohol side and the drug
25 side could consolidate their prevention efforts as it
26 pertained to youth, we could have a stronger commitment
27 for prevention for youth. We could have more dollars. We
28 could lessen duplication of effort. We could have more

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1 coordination. It didn't get done.

2 We need leadership from the top. I am the
3 local level. I'm representing thousands of local people
4 that have been working at the grassroots level for years.
5 And we've been organizing communities. We've organized
6 them. I have a stack of letters that high (indicating)
7 from local people -- teachers, law enforcement, decision-
8 makers, youth, agencies -- that have been organizing
9 local communities. But what we're seeing is a wall. We've
10 taken it as far as we can take it.

11 Because we have to have some policy, some
12 direction, some leadership from the State level to make it
13 easier for us at the local level. We need to streamline
14 the structure that we already have in place in our State.
15 There needs to be mandates so that the things that have to
16 be done will get done.

17 CHAIRMAN SEYMOUR: I hear you, Carol. And I
18 guess the thing that concerns me in trying to achieve
19 the objective you've outlined, is there's a balance --

20 MS. STEIN: Right.

21 CHAIRMAN SEYMOUR: -- where leadership
22 policy-making is depositive --

23 MS. STEIN: Yes.

24 CHAIRMAN SEYMOUR: -- but does not so restrict
25 organizations like Californians for Drug-Free Youth.

26 MS. STEIN: Right. We agree 100 percent with
27 that.

28 CHAIRMAN SEYMOUR: Well, then, please help me

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1 and others find that balance.

2 MS. STEIN: We want to. We're not suggesting
3 that there be a concrete dictate. We're not looking for
4 that. We're looking for something that might say, within
5 five years we will have an X-amount of affordable
6 adolescent treatment centers. Within one year, X-amount
7 of school districts should have in-service training for
8 teachers.

9 Those are the kinds of things that we're
10 talking about.

11 CHAIRMAN SEYMOUR: Assemblywoman Allen has a
12 question.

13 MS. STEIN: Sure.

14 ASSEMBLYWOMAN ALLEN: When you're talking about
15 making a recommendation year after year after year for
16 the low-cost treatment centers for youth, what are you told
17 basically, what are they saying back? There's no money --

18 MS. STEIN: It's usually money.

19 ASSEMBLYWOMAN ALLEN: They say there's no
20 money. Are there any programs put forth through the
21 advisory discussions with the people within the Department
22 or whatever level you're dealing with as an advisory board,
23 as to how to be creative and bring about more revenues --
24 to generate more revenue -- short of tax increases -- but to
25 generate more revenues from the abuse situation itself?
26 Are there any ideas that have been put forth on how you
27 come forth with some funding for these treatment centers?

28 MS. STEIN: To be very candid with you, we never

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1 heard any.

2 Now, I feel this is what should be in a plan.
3 I feel that we should start identifying -- we have --
4 California, I mean it's a wonderful State. We've been
5 leaders throughout the country. We have tremendous,
6 gigantic resources in this country -- in this State I mean.
7 We should have discussions like this on how we can do just
8 that. I don't see it happening.

9 ASSEMBLYWOMAN ALLEN: I know many times, I think,
10 they get into kind of a rut in State Government --

11 MS. STEIN: Yes.

12 ASSEMBLYWOMAN ALLEN: -- where we say, we have
13 this is the budget and these are our priorities, and this
14 is all that we can fund. And there's just no money for
15 these other programs, even though we think they're
16 wonderful.

17 Is there ever any discussion of how to bring
18 about perhaps creative mechanisms to generate more funding
19 for a specific program that everyone --

20 MS. STEIN: Uh-uh.

21 ASSEMBLYWOMAN ALLEN: -- as you say, at the
22 local level on up agrees should be there.

23 MS. STEIN: Californians for Drug-Free Youth
24 has been pleading for just what you said. And it has not
25 come forward. That's why I'm here today. We need
26 leadership. We're not getting it.

27 ASSEMBLYWOMAN ALLEN: I don't know exactly what
28 the answer is at this stage. I think the Senator here has

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1 probably been dealing with these agencies on a much
2 closer basis than I have in his work here, which has been
3 very admirable.

4 Maybe it's necessary not to just at this level,
5 but maybe to have more discussion groups from within some
6 of these agencies -- in particular, this would be Drug and
7 Alcohol -- but perhaps a little more creative. Maybe we
8 haven't been providing the leadership to generate that
9 kind of thing and have been more bogged down with the
10 kind of paperwork that they many times are left with.

11 But perhaps a generation of thought and
12 discussion -- instead of always saying we can't do it and
13 we're not going to be able to get this amount of money,
14 maybe ask the question, how we think we can do it, not
15 why can't it be done. I think we need to change our
16 attitude a little bit.

17 MS. STEIN: Well, I want to make it very clear
18 when I say we need leadership, I'm not talking about
19 members of the Legislature, because I feel we're getting
20 leadership from the members of the Legislature. I feel
21 there are some other segments in our State that we're not
22 getting leadership from. And I think we need to. That's
23 why we need to have a coordinated effort where everyone is
24 involved and everyone has a role.

25 Those of us that are down in the trenches --

26 ASSEMBLYWOMAN ALLEN: What segments are you --

27 MS. STEIN: I can't be specific, but it would be
28 more leadership from the Department of Alcohol and Drug

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1 Programs. There needs to be more leadership from the
2 Governor. I'll be very specific and candid, because people's
3 lives are in danger. Kids are dying every day. Something
4 needs to be done and we've got to start doing it.

5 ASSEMBLYWOMAN ALLEN: I sit on other committees,
6 and this isn't unlike other testimony that I've been
7 hearing in the same area, that leadership has to be
8 provided in some of these agencies.

9 MS. STEIN: Yes. What I'm saying is we have
10 a structure. It's a good structure, but we need to have
11 some things happen. We need to have some mandates. We
12 need to have some policies set. We need to have some
13 funds identified so that we can make that system that was
14 established by law more effective.

15 And I agree with a lot of things that Dr. Mecca
16 said before me about prevention councils. That's a
17 tremendous idea. That could be implemented with a long-term
18 strategy on how to reduce drug and alcohol abuse. You know,
19 we're fighting a war.

20 We need a battle plan. We need to draw the
21 support and involvement of every man, woman, and child
22 in this State. We're at war.

23 ASSEMBLYWOMAN ALLEN: Maybe, as legislators, we
24 can help provide a little more incentive and accountability
25 throughout the agencies. I think sometimes that has --
26 maybe that's a role we can play. And sometimes I feel we
27 have been remiss in dealing with bringing about more
28 accountability. We have the budget process certainly within

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1 our auspices within each of the agencies. And at least
2 it's been my observation at the accountability level
3 for them as an agency just leaves a lot wanting, and I hope
4 we'll be able to delve into that a little bit.

5 MS. STEIN: I know from the bottom of my heart
6 that you can help us. And I know that you can help those
7 children that are out there standing on Hollywood Boulevard
8 or down in El Centro, wherever they are right now that
9 don't have anyplace to go and they have no treatment.

10 And I know that we have the greatest State in
11 this country. And I know that if we all pull together,
12 and if we streamline this system that we already have in
13 place, and we have a mandate, and with your help and the
14 Governor's help, if we all pull together, we're going to
15 win the war and help all these people. It's a very
16 terrible tragedy. And I know that we can do something
17 about it.

18 And Californians for Drug-Free Youth is deeply
19 grateful for having the opportunity to finally, at last,
20 after all these years, to have an opportunity to address
21 you with what's going on out there in the trenches after
22 nine years of being in the trenches for a lot of us. And
23 I just feel so glad today. And I really appreciate your
24 leadership and your help. And I know that we're all going
25 to be able to do it. And I appreciate it very much.

26 CHAIRMAN SEYMOUR: Thank you, Ms. Stein. Thank
27 you on behalf of the Committee and thank you for your long-
28 time involvement in this issue. There's a light at the end

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1 of the tunnel.

2 MS. STEIN: There is. You're it.

3 Thank you.

4 CHAIRMAN SEYMOUR: Our next witness is Mr.
5 Larry Gentile, who is the Legislative Chair for the
6 Southern California Program Directors.

7 Thank you for being with us today.

8 MR. GENTILE: Thank you, Senator.

9 Senator Seymour, Assemblywoman Allen, it's
10 really a pleasure to be here on behalf of some 45 programs
11 that are members of the Southern California Association of
12 Program Directors.

13 I previously have given a copy of my statement
14 to your staff. I'd just like to highlight a couple of
15 areas. You keep asking more questions and I keep getting
16 the need to add or change.

17 I think basically we've heard sufficiently
18 today that the effectiveness of the supply reduction is
19 important. But I think it's also limited. Let's be quite
20 realistic. We are throwing an awful lot of money at it
21 and we've probably about reached our maximum potential
22 of cutting down the supply. We know in reality, if we
23 limit the supply of one drug, someone's going to come up
24 with another one, the whole designer or synthetic drug
25 issue.

26 And I think it's imperative -- and much of what
27 you're hearing today is the issue of demand reduction,
28 which I think Dr. Mecca has said is the new "in" word.

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1 But what we're really talking about is -- and
2 we're emphasizing our youth -- an educational process or
3 persuasion, if you wish, that's going to attempt to build
4 individual internal strength needed to resist false
5 promises of euphoria, you know, emotional state offered
6 by drug abuse.

7 I mean, quite clearly, people turn to the drugs
8 ultimately as an excellent method of escape. But when
9 we're talking about this epidemic that's going on, and
10 we talk about the demand reduction, let's look at what's
11 going on in California just briefly.

12 I don't think prevention efforts are limited to
13 the following, but probably we covered many of them. The
14 Federal block grant is saying take 20 percent of our money,
15 whatever comes from Washington -- I'm not sure about the
16 new dollars, but we're talking about historical dollars
17 in the last several years -- and put it into prevention.
18 That goes into each county. It does play into the point
19 of local control. Exactly what is done, though, I don't
20 think anyone can really tell you on a statewide basis.

21 We have school/community prevention monies that
22 Senate Bill 110, the original Garamendi dollars, which is
23 being allocated to some communities by the Department
24 always on a competitive bidding process. We've got some
25 limited funds coming out of the Office of Criminal Justice
26 Planning with the drug suppression monies. Again, it's
27 limited dollars. Some counties have more; some counties
28 have less. Many counties have nothing.

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1 Individual counties are using some of their
2 State subvented dollars in starting their own preventions.
3 And then you have community groups of a variety of types and
4 kinds, both with coordination, for example -- the
5 Californians for Drug-Free Youth and other groups -- the
6 Red Ribbon, all of these kinds of things with impact on
7 this.

8 So, we're spending a lot of dollars, many of
9 them are public dollars, to impact. But I think we're
10 missing two important ingredients. The first one is a
11 systematic coordination and the leadership of the present
12 programs. And the second one is additional and new funding
13 commitments from both the administration and the Legislature.

14 Now, the State Department of Alcohol and Drug
15 Programs would be a prime candidate to provide such leader-
16 ship, but because of the long tradition both on a State and
17 national scene, that you have separate drug programs from
18 alcohol programs, the State Department leadership becomes
19 problematic. I think Carol Stein briefly mentioned this.

20 The Department itself has two separate divisions.
21 You honored both of these division chiefs this morning.
22 They were introduced. Both of them have prevention
23 organizations within each of their divisions. Having worked
24 with the Department for ten years, having been the
25 Chairman of that State Advisory Board for three years, let
26 me assure you, Mr. Chairman, that there are no coordination
27 for prevention between drug and alcohol, not on a serious
28 level.

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1 CHAIRMAN SEYMOUR: Let me pause on that point,
2 Larry, because it gets to the question that has been in
3 my mind for a number of years now.

4 Drug people do their stuff; alcohol people do
5 their stuff. I'm a pragmatic personality. I don't
6 believe in wasting a lot of time on something that you'll
7 never succeed at.

8 My question to you is, is it worth the effort
9 and can it be achieved to say, "You're one," bring them
10 together as one, force them to work with one another? Or
11 alternatively, recognize that that's the way the real
12 world is. Drug specialists don't like -- I shouldn't say
13 don't like -- don't tie in to alcohol, or alcohol people
14 don't tie in to drug people.

15 And so, my bottom line is, is it worth the
16 fight? What have you accomplished? Can you accomplish it,
17 A, and B, if you finally get there, look at all the energy
18 you've expended. As to the alternative course, which is
19 recognizing that's the real world, now be smart enough to
20 deal with that real world.

21 MR. GENTILE: Let me add two comments to that.
22 One, the concern I would address is you need to at least
23 consider joint is to maximize the limited funds you have
24 to expend. In other words, it's rather assinine to have
25 someone coming into the school to talk about alcoholism and
26 attempt to deal with alcohol prevention and three months
27 later someone else come in and say, "We're here to talk about
28 drugs." And the principal is sitting there, you know, we

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1 we had one, da-dah, da-dah, da-dah." And they know
2 clearly that on an adolescent level or preadolescent level,
3 alcohol is probably their first introduction to chemicals
4 and leads right on into some of the other things that are
5 in drug abuse.

6 I think we're going to get an answer, Mr.
7 Chairman, to your comment, because after those many hours
8 of debate in the United States Senate -- I watched the
9 Senate debate. I must be somewhat unusual, but I do like
10 to see the realities of debates. So, I did turn on C-Span
11 and watched the Senate debates on the drug omnibus bill.

12 And some very interesting comments came out of
13 there. But I think the creation of the Office of Substance
14 Abuse Prevention -- and I just have a copy of the alcoholism
15 report, which is published on a monthly basis in NI Triple
16 A, and says, "Oh, my God, what happened to our money?
17 What's it going to leave? Are they going to have the
18 prevention?"

19 Possibly, the United States Congress with the
20 concurrence of the President, has taken that step. I mean,
21 I sat here on many occasions before finance committees,
22 both on the Assembly and the Senate side, and had members
23 of the Legislature say, "Why don't you work together? Why
24 don't we put it together?"

25 And I've always said, you know, that's
26 interesting, but we're talking this bill. Let's not talk
27 about the very point that you have made, you know, this
28 very basic difference. I think it is -- we are getting to

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1 the point -- there are problems. I don't deny that. I
2 talk to people who have been in AA for years, and there's
3 a real problem there with the oldtimers who will tell you
4 that the damn druggies -- excuse my language -- are coming
5 to our meetings. And why don't they go to NA, Narcotics
6 Anonymous, as opposed to AA. But there are many that are
7 opening up to the reality that addiction is addiction.
8 It's a disease. It's a disease.

9 I was at a film in Long Beach on alcoholism
10 services and I said to the woman who was chairing the
11 thing, or the moderator, why don't we address drug abuse?
12 And she said, "I don't believe in drug abuse as a disease.
13 I'm just involved with alcoholism, so don't get into that
14 discussion."

15 It's there. It's quite literally there. My
16 concern I think, your concern, yes, we have to have a
17 pragmatic approach. But how do we maximize whatever funds
18 we have available to the larger number of young people
19 in this State?

20 That, I think, is the bottom line.

21 CHAIRMAN SEYMOUR: Assemblywoman Allen has
22 a question.

23 ASSEMBLYWOMAN ALLEN: I think that is
24 definitely an asset to have -- a rationale for bringing
25 the two together, really. What other advantages would there
26 be? In other words, what else has occurred? You're saying
27 that-- I guess what I'm looking for is a real strong
28 rationale for doing it rather than just saying they don't

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1 do it. The money is certainly an incentive. And it
2 makes sense. Are there some other areas that are breaking
3 down because of the separation of the two?

4 MR. GENTILE: I think beyond the money is a
5 duplication of efforts. If we take the people who are
6 involved -- and quite honestly, we have to be realistic --
7 on the drug side, there's much more prevention initiative
8 than there is on the -- and has been historically on the
9 alcohol side.

10 Director Veatch this morning showed you the
11 booklet that was developed on the Alcohol Prevention
12 Program. And during his time in office, that developed and
13 began. It's still in its infancy. But as prevention
14 efforts in alcohol develop, quite clearly, there are some
15 unique things that alcohol does and drug abuse does, and
16 there are many common things.

17 I think the biggest thing is to share the
18 knowledge and interest that people with special expertise.
19 Yes, they can go their separate ways, but they have things
20 to share. So that we could -- the field can grow better
21 totally as it impacts on youth. We're talking about a
22 process that has to continue forever. I mean, I heard
23 the Chairman say this morning; I heard him say this
24 afternoon, you know, drugs -- and I include alcohol when
25 I say drugs -- has been here from Biblical times and will
26 be here forever.

27 We're talking about simply impacting on demand
28 reduction so that hopefully, two or three generations -- the

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1 same level of participation, so we don't have to have
2 Dr. Mecca tell us about the 16 million people doing this
3 and 10 and 12 -- it won't be quite as great.

4 There will always be individuals seeking
5 something else. But let's maximize the expertise, the
6 individuals with different backgrounds to maximize --

7 ASSEMBLYWOMAN ALLEN: Look for a common thread.

8 MR. GENTILE: That's right. We're not saying
9 that you have to give up your life and soul in commitment.
10 We're saying let's be realistic. Let's be pragmatic in our
11 approach.

12 And it's going to be a big thing. The concern
13 that I have -- and I can address this to the Department --
14 is they have decided -- Mr. Chairman, I sat here two years
15 ago in your first public hearing, and a man who I respect
16 tremendously, Tom Pike, said right at this table or one of
17 the other tables, "I know what those drug people are doing,
18 but this is what we're doing in alcohol." I think you
19 remember it vividly.

20 And Mr. Pike and Kathryn, his wife, the two of
21 them are tremendously interested in the field of alcoholism.
22 But he is out of that perspective. We need to get the
23 young people. What we're talking about in demand reduction
24 is how do we impact on the schools, on the pre -- practically,
25 we're down to preschool right now. I mean we literally
26 need to begin, practically speaking, in kindergarten if
27 we're going to do anything. We have youngsters coming to
28 us in an outpatient program at eight years of age referred

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1 to us by schools.

2 ASSEMBLYWOMAN ALLEN: I had a teacher tell us
3 just recently when I spoke to a class on drug abuse, that
4 really, it's been around all the time, and it really hasn't
5 increased that much. It's just more visible, it's more
6 talked about. Do you think that is true.

7 Do you really believe that it hasn't really
8 increased, it's just that it's more visible than it used
9 to be or more discussed? Or do you believe --

10 MR. GENTILE: It possibly has increased simply
11 because the economy has increased. There's more dollars
12 and more people have more money in their pockets. But
13 clearly, Assemblywoman Allen, what has happened is all of a
14 sudden -- not all of a sudden, but slowly, many school
15 officials are ultimately coming to the conclusion of being
16 willing to admit that it is a problem. And up until four,
17 or five, or six years ago, very few of them would admit
18 that they had a problem. That's the reality.

19 You know, within this topic of prevention,
20 on the local level -- you know, we have this division
21 between the State -- I say it's a problem. We're finding
22 this now. Los Angeles County, for example, in the City of
23 Los Angeles, that they're program is an excellent program.
24 I don't think anyone would deny it. But what has happened
25 is that L.A. City Schools have made a commitment, just
26 there's our program. So the community-based prevention
27 program is being pushed out of the schools. They don't
28 want anything to do with it anymore.

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1 These are the people who are doing the
2 practical prevention education workshops with the youngsters
3 in the classrooms who had people over there 40 hours a
4 day, 40 hours a week, rather a part-time police officers
5 who are trying to cover all the schools. They're being
6 pushed out. We're having the information referral and
7 the early intervention programs, because someone has made
8 a commitment to the other one.

9 I'm not saying theirs is not a good program.
10 I think it's an excellent program. But what you see is
11 the limited dollars, and now we're getting a fight over
12 whose turf and who gets in.

13 That's the kind of situation that's going to
14 have negative impacts. We need some leadership that looks
15 into this across the State, that you can look at that,
16 and you can look and say, wait a minute. You have
17 problems in your community. How about sharing the
18 resources? Fine, let's see what you can work out. That
19 doesn't have to be done specifically and directly from
20 Sacramento. However, when we say leadership, let me go
21 back to something that George Feicht said, the ability
22 to look at a plan and know what a county is doing is
23 important.

24 I have worked with the State in developing its
25 plan. And I asked the question, Mr. Chairman, tell me, what
26 do you take from county plans to make part of the State
27 plan? The figures, the statistics. That's all. Is there
28 any relationship when we say to this Legislature that the

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1 Department of Alcohol and Drugs, it's primary goal in
2 drug abuse is the reduction of this or that? Does that
3 have a bearing -- does that have a relationship to a vast
4 majority of the goals of the 58 counties?

5 No one can say yes or no. That is not even
6 what is being done. The plan you get is a regurgitation
7 of what has been going on in the past.

8 I can relate to Mrs. Stein's frustration. I
9 served as a chairperson of the State Advisory Board three
10 years with all her frustration.

11 We very clearly made some very specific requests
12 and not get anything. I'll tell you one example, Senator,
13 we asked for a third-party payment specialist to be hired
14 to go out, to make the collection of third-party payments
15 by publicly funded programs accessible, so that we could
16 take the money that we use there, which could be replaced
17 by some insurance and replicate additional programs.

18 To this day, nothing has been done. And two
19 years ago, Mr. Chairman, sitting before you I made that
20 recommendation. Nothing has been done in that area. You
21 asked for other considerations of funding. We discussed,
22 for example, the issue that has come before you on many
23 occasions, an additional tax on alcoholic beverages,
24 additional taxes on cigarettes. And we're always told
25 that's in the political process. That's between the
26 Governor and you people. That's not our business.

27 Ours is the Advisory Board and yours is the
28 business of the individuals in the Department of Alcohol and

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1 Drugs -- that's a very real problem.

2 ASSEMBLYWOMAN ALLEN: On your third-party
3 collection, I would like to talk to you about that, and
4 if you can make an appointment to come by. I won't take
5 up the time now.

6 MR. GENTILE: I'd be very happy to.

7 ASSEMBLYWOMAN ALLEN: But I would like to talk
8 more to you about it. I think it's going to take -- I think
9 accountability is important.

10 MR. GENTILE: Absolutely.

11 ASSEMBLYWOMAN ALLEN: And certainly, my
12 understanding has increased with what you're dealing with.

13 MR. GENTILE: Be happy to share it with you.

14 ASSEMBLYWOMAN ALLEN: Thank you.

15 MR. GENTILE: One or two other areas --
16 specifically, who should be giving us leadership, I think
17 obviously it's the Department. However, we're not sure
18 whether we want the Department to be the leader, because
19 we're not sure whether it's going to continue to exist.
20 In four years, every year the budget has come before the
21 Legislature and had cuts in it. Every single one of the
22 last four years, from as many as 50 and 60, down to 10 or
23 12. Not all those cuts have been implemented, but the
24 message has been coming and it has become very clear, and
25 we don't understand whether the administration intends to
26 continue the Department and the Department to provide the
27 leadership.

28 We are not sure. So, therefore, if we had a

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1 certainty that the Department had support of both of the
2 Legislature and the Governor, and we would judge that
3 certainly based on the priority of both this body -- both
4 the Senate and the Assembly and the Governor -- place on
5 it by maintaining the staff or even looking at increasing
6 some staff to deal with specific concerns and additional
7 funding.

8 And if that isn't there, why we quite clearly
9 are not certain whether that agency will continue -- the
10 Department within the agency will continue to exist. We
11 don't know.

12 Now, this morning, you had all kinds of people
13 telling you about drug abuse, clearly excluding the supply
14 side reduction. The Department should be the most
15 informed group to talk to you. I didn't come away with
16 that idea. You know, the Department within the context
17 of the field is perceived as fulfilling the needs of the
18 administration to reduce funding.

19 And that impacts on the ability to provide
20 services. You, Mr. Chairman, are looked upon by the
21 field, along with the Attorney General, the two people that
22 we look to for leadership in drug abuse and alcoholism in
23 this State. And to be quite honest and quite frank, with
24 all due respect to the Governor, with all due respect to
25 Mr. Veatch, I'm going to tell you that I hear that it's
26 John Seymour and John Van de Kamp -- obviously interesting
27 enough, one on each side, but those are the two people.
28 You have had a number of pieces of legislation. You've had

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1 your skirmishes. You've won a few. You've won a few
2 minor battles. You won a couple of major battles recently.

3 But some of the most sweeping things that you
4 have introduced -- I remember last year there was a bill
5 introduced almost the day after the budget that had quite
6 a bit of money in it that some gentleman introduced.

7 And yet those things didn't get passed, because
8 you didn't get enough support out of this Legislature and
9 this administration. We fought with you, sir, for two
10 years to get a hundred dollar fine. And it was only after a
11 long, hard battle did we even get that.

12 The message is not clear to us if there is any
13 real commitment. Not Democrat, not Republican, but the
14 Legislature and the Administration. There is nothing.
15 There is no clear message.

16 Now, the politics are over with now. The
17 election's put away. We don't have to deal with that kind
18 of thing. What we do need to see is is there a
19 commitment? Is there any commitment? And I don't need
20 to listen to positive words from the Department or any
21 other political process. We are looking for concrete
22 action.

23 Most of the people who are participants in this
24 battle would be happy to support a plan. Yes, you do need
25 a plan. We don't need meaningless verbiage. You said do
26 we need Federal coordination? Absolutely we do. We need
27 it. And I am supposedly in a field that takes care of
28 people and doesn't worry about money. I'm very, very

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1 concerned about accountability. As long as those of us
2 who provide services can be accountable to you and to your
3 peers, and to the administration, this administration or
4 any other, we will maintain and be able to have an impact.

5 (Thereupon Assemblywoman Allen
6 exited the hearing room.)

7 MR. GENTILE: The moment we lose sight of that
8 and begin to throw money around, then everyone is going
9 to say why do we need that?

10 So, we need accountability. We need coordination
11 just to maximize the funds. "Can this this be done
12 effectively?" you said.

13 My response is yes, if the Legislature and the
14 Governor supply a clear, strong mandate and parallel
15 funding with the State Department of Alcohol and Drugs.

16 Now, there are some problems, the probability --
17 you know, we have developed this block grant situation. I
18 don't have any major problem with that, but basically, the
19 intent almost is we'll give the money -- we kept it
20 categorical -- just give it to them and let the counties
21 do what they will.

22 There has to be some -- a real relationship.
23 The county administrators talk about a partnership. There
24 has to be a real relationship between the county and the
25 State. But there has to be some leadership. I mean, I have
26 sat -- you're going to have another alcohol administrator
27 follow me. You've had George before me. I have seen the
28 letters that have been written to the Department and to the

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1 Director specifically challenging his ability to function
2 there.

3 And I don't think it's his ability. I have
4 talked to him. I have a great deal of respect for him.
5 Very clearly he has his marching orders. He is a good
6 soldier. And I would not take that away from him. He is
7 a realist and a pragmatist. We do not have strong
8 commitment. We do not have it and unless we do have it,
9 all of this is for naught.

10 What do you need to do besides giving a mandate
11 to the Department both from the Governor's Office and the
12 Legislature? I think you use the new Federal funds and you
13 need some additional State funds to realize some basic
14 funding in the programs to cover many of the increased
15 costs that have reduced services. We have had major
16 cost increases. You'll hear about them. Insurance, auto-
17 mobile insurance, liability, et cetera, telephone,
18 utilities. These things have gone on. We have had no --
19 you have had a reduction in service every year for the last
20 five, six years, since the original block grant and the 26
21 percent cutback.

22 And we have not-- and you have less services.
23 We need to realize that funding base. We need to take those
24 new Federal funds and some new State funds to expand the
25 existing services which you can do much more quickly than
26 new services.

27 We need to take funds and provide treatment
28 and rehabilitation initiatives, especially the issue that

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1 Carol Stein mentioned, adolescent treatment.

2 Senator Seymour, Mr. Aldridge is in the
3 audience here. The two of us and several others came to
4 your office and you had drafted some legislation that would
5 allow the Department to license for drug abuse as well
6 as they were already alcohol residential, license those
7 programs through the Department. That didn't go anyplace.
8 That has been discussed most recently, and I understand
9 it's a minor cost of under a hundred thousand dollars
10 and people are not willing to go along to make that change.

11 That would give us those low-cost, that 50, 75
12 a hundred-dollar-a-day program rather than \$20,000.

13 I have to sit in my office every day and tell
14 a parent, I'm sorry, there's nothing other than a psychiatric
15 hospital that I could recommend for inpatient.

16 CHAIRMAN SEYMOUR: Will you bring that one back
17 to my office, we'll consider that?

18 MR. GENTILE: Certainly, Yes, we will.

19 CHAIRMAN SEYMOUR: All right.

20 MR. GENTILE: Two other -- three other areas
21 we need to look at. Funding, leadership, and coordination
22 of community-based prevention, positive incentives, and
23 funding for comprehensive elementary, secondary, and college
24 education prevention -- education and prevention programs.

25 The whole issue of credentialing. I wish you'd
26 look at it. I'd love to have -- to share with you some of
27 our discussions at the State Advisory Board that nothing
28 is really being done in teacher training in this area.

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1 And one very clear thing, if nothing else,
2 beyond the master plan, Mr. Chairman, is an accountable
3 and specialized leadership structure within the State
4 Department of Education to guide and assist implementing
5 local school prevention programs.

6 We have programs funded through the Department
7 of Alcohol and Drugs and the Department of Education jointly.
8 It is impossible to get those things done in a reasonable
9 manner. They don't have enough commitment or staffing in
10 the Department of Education to get that done.

11 I know Superintendent Honig has made that public
12 commitment. But it needs staffing. It needs reality.
13 And only one other point, and I'll get out of your hair.
14 We don't need a one-time quick-fix program. I think we've
15 gone through this whole song and dance. Dr. Mecca
16 mentioned President Nixon and when we began the war on drugs
17 the first time.

18 It then slipped by. It disappeared. And guess
19 what! It's back again. It'll slip by. We need prolonged
20 ongoing commitment. What does that mean in this State?
21 I think it means initial investment between \$30 to \$50
22 million. I think it's required. I think it's justified.
23 You asked for something in the area of about \$11 million
24 last year. I think that's a first step. When we talked --
25 when I talked to you about a master plan, I'm talking about
26 a commitment over a period of years. I'm not talking about
27 telling county A, B, or C what they have to do and how. I'm
28 talking about a commitment that the Legislature and the

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1 Governor say, "We are committed to fight this. We want¹⁴⁰
2 this done in two years."

3 I think Carol mentioned four years, five years
4 down the line. And we're willing to commit those funds.
5 And yes, we need to be held accountable. I'm tired of
6 listening to bureaucrats saying we don't need a plan
7 because a plan has goals, has objectives, and you might
8 hold us to them. Every good businessman operates that
9 way.

10 Government sometimes doesn't follow that process.
11 Maybe that's why in L.A. County we keep contracting most
12 of these things out with the private sector, because they
13 feel that they can get the most for their money.

14 We need to have a plan. We need to know where
15 we're going. We need to set some goals and objectives.
16 They do not have to be specific. I think Mr. Feicht said
17 generic, general, yes. And it has to come from this
18 Legislature, concurred with the Governor, and then
19 implemented by his staff in the Department of Alcohol
20 and Drug Programs.

21 Sorry I got so wrapped up.

22 CHAIRMAN SEYMOUR: That's all right. You had a
23 lot to say and we'll certainly take all of it under
24 advisement.

25 MR. GENTILE: Thank you.

26 CHAIRMAN SEYMOUR: Congratulations on the long-
27 time commitment you've made to this issue.

28 Our next witness is Mr. Troy Fox, Administrator

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1 of Merced County Alcohol Program.

2 MR. FOX: Thank you, Senator Seymour, it's a
3 pleasure for me to appear before you today. I'm here
4 wearing two hats. One is the Alcohol and Drug Program
5 Administrator of Merced County. I am also here today as
6 the Legislative Chairperson for the County Alcohol Program
7 Administrators Association.

8 Rather than repeat a lot of what you've heard
9 today, I'm two or three areas that I think are significant.

10 We talked a lot about the need for coordination.
11 And one of the things that I see as a major problem is
12 that we have for the last 20 years or so attempted sporadic
13 efforts to deal with alcohol and drug problems in
14 California.

15 Those have been, for the most part, underfunded.
16 But they've also been fragmented. And I think we have
17 attempted numerous approaches to dealing with alcohol and
18 drug problems that have in fact, from my perspective,
19 created more problems by channeling funding or efforts
20 through five or six State Departments. And I think one of
21 the things that your Committee should look at is establishing
22 a clear leadership structure to deal with alcohol problems
23 and drug problems in California that acknowledges those
24 overlaps between numerous jurisdictions.

25 We had the criminal justice system appearing
26 before you today that talked about major impact of alcohol
27 and drug problems on their system. We had the Department
28 of Education attempting to deal with the need to do education

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1 in educational systems. We had Health Services that
2 are talking about major impact of alcohol and drug problems
3 on health systems.

4 Then we had Alcohol and Drug Programs, who in
5 law have primary responsibility for attempting to solve
6 these problems. It has very little connection to those
7 other agencies or Departments at the State level.

8 One of the things I would encourage you to look
9 at very carefully is the concept of strengthening the role
10 of the State Department. I think we've seen over the last
11 four years attempts at least to get more visibility and
12 credibility for the Department. But I think we're talking
13 about a structure of the State law that says this problem
14 has less significance and less importance across the board
15 than most other Departments.

16 And as Larry just indicated to you, I think
17 we are seeing a shrinking resource at the State level to
18 meet what we consider their mandated legislated
19 responsibility for developing a master plan, if you will, for
20 alcohol and drug programs, and for identifying the areas
21 to alleviating alcohol problems in the State.

22 Because of those shrinking resources, other
23 Departments may have had to jump on board to try to figure
24 out ways to solve the problems. I think the issue of
25 coordination goes beyond simply getting those agencies to
26 talk to each other. I think it needs to go to a level of
27 identifying what legislative changes are necessary to give
28 the Department of Alcohol and Drug Programs the validity and

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1 level of responsibility necessary to truly have impact on
2 alcohol problems in this State.

3 I do want to deal with the issue of substance
4 abuse versus alcohol and drugs. Our association has for
5 many years been rather loud in our advocacy to maintain
6 a distinction between the two for a number of reasons,
7 the primary one being that in situations where substances
8 are combined into a substance abuse system, alcohol issues
9 have a tendency to kind of get lost in the shuffle sometimes.

10 CHAIRMAN SEYMOUR: Why? And what is your
11 experience basically?

12 MR. FOX: Basically, I've been in the field for
13 14 years.

14 CHAIRMAN SEYMOUR: I mean give me some examples
15 as to why, when we try to combine the two, alcohol loses?

16 MR. FOX: When we do the so-called generic
17 alcohol and drug prevention efforts, those have to be done
18 in a way that focuses on the commonalities of the two.
19 If you look at alcohol specifically in a generic prevention
20 approach, traditionally, they do not focus on the public
21 policy issues, the social issues related to alcohol in our
22 society that I think are critical in attempting to reduce
23 overall alcohol consumption in this country.

24 We talk about substance abuse prevention. Very
25 few people look at the concept of public policy change
26 related to availability of alcohol in our society. It's
27 a legal drug, which makes it -- the approach to resolving
28 those problems has to be different.

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1 CHAIRMAN SEYMOUR: Anybody that is -- I'll
2 make a general statement -- anybody that knows anything
3 about substance abuse I think finds no argument that
4 alcohol is the more predominant disease than drug addiction.

5 MR. FOX: True.

6 CHAIRMAN SEYMOUR: Not every alcoholic is
7 addicted to drugs. But almost every person addicted to
8 drugs mixes alcohol. And therefore, for the life of me,
9 if somehow, you know, by the grace of God, we're able to
10 bring these two sides together, I don't see how alcohol
11 loses, because anybody that you talk to that knows something
12 about this subject, they see the very pervasiveness of
13 the alcohol problem, the effects.

14 Nobody will argue the data that says alcoholism,
15 abusing alcohol affects a much greater number of people.
16 I don't see how you -- where your fear's appropriately
17 founded.

18 MR. FOX: I think a lot of it has to do with
19 what happens at the local level in the attempt to implement
20 prevention and use the term substance abuse and do not
21 put some focus on the alcohol side in a county that combines
22 the systems basically.

23 I do both alcohol and drug programs, I'm the
24 administrator of both.

25 CHAIRMAN SEYMOUR: And why doesn't it work so
26 well in Merced then?

27 MR. FOX: In our prevention approach, we have --
28 call it alcohol and drug abuse prevention. And we do a lot

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1 of combined programming, which I think is essential
2 and necessary and makes sense for us to do combined
3 programs and strategies at certain levels. My concern
4 with the issue of substance abuse is that you have to put
5 some focus -- and I think recent research bears out
6 that if you focus on alcohol policy issues specifically,
7 which are distinct and different than than you would deal
8 with drug issues, that prevention efforts at a community
9 level are going to be a lot more effective. I think it's
10 more semantics and language.

11 But it has a message in it that the alcohol
12 side has to focus on those distinctions between alcohol
13 and drug prevention that tend to not get addressed when you
14 talk substance abuse.

15 And one of the things I think is starting to
16 confuse a lot of people and is causing some problems is an
17 issue of semantics and language in this field. And we've
18 got substance abuse. As a matter of fact, I've had several
19 people talk to me about our approaches at the local level
20 and say drug and substance abuse problems. And I'm trying
21 to figure out what that means. And I think we're getting
22 hung up on the language.

23 The message that I'm trying to get across is
24 that as long as your prevention approach acknowledges there
25 are distinctions in prevalence of alcohol problems in
26 the way alcohol gets to the individual, I think it's not an
27 issue.

28 CHAIRMAN SEYMOUR: Okay.

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1 MR. FOX: My concern is that in this society,¹⁴⁶
2 we spend a lot of money on advertising alcoholic beverages.
3 We don't do that for illegal drugs, at least we're not
4 attempting to do it that way. Sometimes the kinds of
5 messages that get across in public service announcements
6 are almost a reverse message.

7 CHAIRMAN SEYMOUR: Down in San Diego they have
8 a hot line, and they adverse this hot line. And if you
9 call the hot line, they'll tell you how to -- how to avoid
10 a positive test if your employer's going to haul you in,
11 all kinds of ideas, very creative.

12 MR. FOX: There are some issues again related
13 to the Department and the development of a plan. I believe
14 the law is very clear that the Department's responsibility
15 for developing an alcohol plan -- there is the requirement
16 for a strong State/county partnership trying to implement
17 prevention and treatment strategies. I think we need to
18 continue to try to strengthen that relationship because
19 there's a need to have community-based programming and
20 prevention strategies because that makes the most sense
21 for us as an approach to do it at the local level.

22 What we've got to do at this point, I think, is
23 take a look very carefully at the legislative mandates
24 of the Department and give them some increased strength
25 and ability to do what the law says, which means additional
26 staffing at a different level I think than they've had in
27 the past. I think we need to upgrade the status of the
28 Department. And I'm one of those persons who two years ago

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1 would have been standing up and ranting and raving about
2 the current leadership. Setting aside personalities and
3 individuals, I think if we're going to have an impact on
4 this problem, then the level of status that's given the
5 Department at the State level has got to reflect the
6 significance of the problem in our society.

7 So we need to strengthen the State/county
8 relationship, strengthen the role of the Department,
9 mandate, if you will, some relationship between the
10 correctional systems, education, and the Department of
11 Alcohol and Drug Programs to make sure there is some
12 consistency in our approach.

13 That's been one of the problems -- a major
14 problem in the last 14 or 15 years, is that we've become
15 experts in failure. And I think part of that failure has
16 to do -- we've got five or six or seven different entities
17 trying to figure out how to solve this problem. I think
18 we need some consistency and the master plan is going to
19 have to be long-term. And I think that's been reinforced
20 several times today that we're talking about a long-term
21 process.

22 That process is going to be even longer if we
23 continue to have alcohol and drug programs at the State/
24 county level in a structure that does not reflect the
25 significance of the problem in our community.

26 I'd be glad to answer any questions. Those are
27 the major things that I wanted to address based on what was
28 discussed today.

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1 CHAIRMAN SEYMOUR: Well, thank you,
2 Mr. Fox. I don't have any questions. I think you've
3 done an excellent job of summing up and pulling together
4 the pieces we've heard about from one witness or another
5 today.

6 I thank you for your time and commitment.

7 MR. FOX: I appreciate it. We look forward to
8 working with you in the future.

9 CHAIRMAN SEYMOUR: You can count on that.

10 Our final witness and certainly not least --
11 although he's last -- is Mr. Ray Chavira, who is
12 Chairman of the Advisory Committee Policy, Americans
13 for Substance Abuse Prevention/Treatment.

14 Ray, good to have you with us today.

15 MR. CHAVIRA: Thank you, Mr. Chairman. It seems
16 parenthetically that we're once again speaking to ourselves.

17 CHAIRMAN SEYMOUR: No, we're not.

18 MR. CHAVIRA: I remember the time a few years
19 ago when I met with a colleague of mine in your Anaheim
20 office with respect to some legislation that you could
21 support and perhaps carry to strengthen local control and
22 some of the matters that have been brought up today.

23 I'm very sorry that you didn't have overwhelming
24 support for your master plan suggestion in the morning. I
25 think the practitioners you see here this afternoon are
26 solidly behind you. Both Johns are pretty much people on
27 a white horse at the moment in California for our field.

28 I hope I'm not anticlimactic, but the wheel's

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1 already been invented. And the testimony that I submitted
2 and the attachments that you have, subject to two-year-
3 old Federal legislation, ironically introduced by Congress-
4 man Henry Waxman of the Los Angeles area, the
5 Department of Health and Human Services at the Federal
6 level had to come up with a national plan to combat
7 alcohol abuse and alcoholism.

8 Ostensibly, that's a prevention plan, but they
9 do include, of course, treatment and rehabilitation features,
10 personnel, and financing aspects of it.

11 The plan just came out. Ironically, again,
12 the administrator in charge for effectuating that plan
13 is Mr. Loren Archer, who used to run our State program
14 many years ago when it was undergoing structural and
15 semantic changes, appropriately so, in its operations.

16 So we have two Californians who are helping us
17 out with respect to the kinds of things that we need now.

18 The national plan has four chapters in its
19 80-some pages. The fourth one is a model program for
20 prevention activities -- State prevention, intervention,
21 treatment, rehabilitation, personnel, and financing
22 considerations, 11 pages worth. I would submit that whether
23 we want to follow a master plan or not, that the Federal
24 legislation recently publicized (sic), which I've taken the
25 liberty to Xerox --

26 CHAIRMAN SEYMOUR: Thank you.

27 MR. CHAVIRA: -- is something that we'll probably
28 have to toe the mark, too, in some degree or another. The

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1 plan, of course, has goals to reduce the incidence of
2 prevalence of alcohol related problems. It has six
3 specific objectives, very specific time lines by 1995
4 to reduce some of the very problems you've heard discussed
5 here today with respect to kids and DUI by significant
6 percentages.

7 There's no way in hell that these alcoholics
8 will be reduced if one does not reduce the consumption
9 that Manuel Espinoza of ABC referred to earlier. That
10 overconsumption, somebody's overconsumption relates to the
11 kinds of problems we all decry. And before you can have
12 overconsumption, you have to have a permissive attitude
13 in terms of public policies and social and cultural
14 attitude that allow easy availability and accessibility
15 to the most common legal drug.

16 As you see from my front page to my testimony,
17 I keep underlining the word "other." It's part of my
18 alcohol awareness activity to repeat the redundant phrase,
19 "alcohol and other drugs," to show the emphasis on the
20 one that's supposed to be legal, but is still killing us
21 to death (sic), especially those of us who are a minority.

22 It is ironic that I was the last listed speaker
23 also at Assemblyman Condit's concurrent sales hearing a
24 couple of months ago in the City of Los Angeles.

25 CHAIRMAN SEYMOUR: Concurrent?

26 MR. CHAVIRA: Concurrent sales.

27 CHAIRMAN SEYMOUR: Sales?

28

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1 MR. CHAVIRA: Sales of alcohol at service
2 stations.

3 CHAIRMAN SEYMOUR: Oh, okay.

4 MR. CHAVIRA: But in any case, be that as it
5 may, that particular hearing had lots of private sector
6 involvement from the convenience store and oil industry.
7 We don't seem to have that here, although I suppose there
8 are people taking drugs also (sic).

9 Public policy has been mentioned, and that's
10 the business you're about, at all levels of government.
11 Some of the people that have been asking you to preserve
12 and protect that is the local partnership we have been
13 told exists in alcohol delivery systems in California and
14 in drug delivery systems, and has been threatened recently
15 and very likely will be threatened again at the beginning
16 of the year with respect to the control aspect of it, the
17 regulation of alcohol availability -- whether it's by ABC
18 or cities or counties through their zoning processes.

19 That kind of threat to that partnership is very
20 much on our minds. So that may be one of the major
21 battles here ironically. State preemption is a very
22 important subject dear to the hearts of not only business
23 but those of us in the public health and safety field.

24 I would suspect that given some of the comments
25 that were made about the Department of Alcohol and Drug
26 Programs -- and I served for a few years as the first
27 Prevention Committee Chairman on the Advisory Board to
28 Mr. Veatch, and before him -- that even if Superman were in

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1 charge of DADP and DABC, it wouldn't do us much good.

2 I think what you ought to be taking a look at -- a very
3 hard look -- is the structure of both Departments. It's
4 been changed in the past. I think we're about due for it
5 now.

6 It is -- these Departments are low Departments
7 in the totem pole of the Secretary of Health & Welfare,
8 and Secretary of Business, Housing, and Transportation on the
9 other hand.

10 And I want to speak from an alcohol holistic
11 perspective. That if we really expect to control and apply
12 the supply side economics or control measures to our
13 legal drug -- illegal for minors -- we have to look at the
14 major agencies of the State-- you had them all here this
15 morning -- to reduce the kinds of problems that are too
16 costly to this government and to society. They either need
17 to be merged in some way to get the kind of close
18 collaboration that the national plan calls for -- that's
19 their wording -- elevated to a secretary status in some
20 way so you could have greater accountability and the
21 Governor can't hide away from his responsibility.

22 We all know what counts in this State Capitol;
23 that is heavy vested interests. Our concerns for public
24 health and safety are beginning to be felt. But it seems
25 to me we can't have it both ways. We have to go back to
26 the original purpose of the ABC Act. And I take that to be
27 a sort of starting point, the protection of the public
28 safety, welfare, health, peace, and morals, and the

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1 promotion of temperance. That's a section of the ABC
2 Act. Temperance to me is just abstinence and moderation;
3 it isn't prohibitionism.

4 We have to cool it. We have to err on the side
5 of less and not on the side of more. And to get the sorts
6 of funding and personnel that we need at whatever level
7 of government or private sector activity, we have to ask
8 ourselves how our public policy subsidizes some of the
9 problems that we decry.

10 I would suggest that in the one field that we
11 can control, funding -- we have the lowest taxes on
12 alcoholic beverages in the nation -- it's a crime that
13 beer and wine haven't been raised to pay their fair share
14 compared to distilled spirits; whereas, beer and wine
15 comprise 78 percent and 15 percent of all alcoholic
16 beverages consumption in California -- 93 percent total --
17 it's the other way around with respect to taxation.
18 Distilled spirits is paying most of it.

19 Beer is where it's at with young people and the
20 DUI and with minorities, you ought to take a hard look
21 at beer and wine. I can understand wine being a favored State
22 industry at one time, but beer has fast become a State
23 industry. I would hope that in the consideration you
24 really give to John Van de Kamp's Commission on the
25 Prevention of Alcohol and Drug Abuse and the effort to
26 create a children's superfund, so called, that a good look
27 at the alcohol tax system is a way of not only solving
28 the fiscal problem but I'm sure we'll have them again some

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1 day, sir (sic), if we took care of some of our basic
2 needs. All we need is a major earthquake, we'll be down
3 the tubes with that \$1 billion that's sitting here.

4 We ought to for once and for all index those
5 taxes to inflation. Raise beer and wine to the equal
6 comparable rate of distilled spirits. Maybe compromise
7 and not go back to a year, since they haven't been raised
8 in decades, and take care of some of our State and local
9 funding needs. Cigarette taxes, for example, are already
10 30 percent reverted back to local governments on a
11 population ratio. We could do the same thing for alcoholic
12 beverages in order to pay for all drugs (sic).

13 My suggestion would be, sir, that it's very
14 easy, of course, through legislation to direct DADP to
15 develop a similar plan based on the national model suggested
16 for States, report back to the Legislature with the kinds
17 of goals and objectives and ways to pursue those over the
18 years that you would want to protect the public investment
19 in drug abuse reduction. It's also for the protection of
20 the public health and safety. That's easy. I would
21 suspect that a look at the control structure is much
22 needed. In 1973, in these halls, Senator Gregorio,
23 Harmer, and Short held statewide hearings, four volumes
24 worth on alcoholic beverage control.

25 Some of the ideas that are sitting there on
26 musty shelves ought to be resurrected. They suggested at
27 that time a Mickey Mouse increase on alcoholic taxes.
28 Now, I think the problems are worse. They were only talking

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1 booze then. And I speak as a recovering alcoholic
2 who was a former high school teacher. And I can well tell
3 you that the kind of education and awareness that we really
4 need is the kind of education and awareness of public
5 policy and issues at various levels of government, so
6 that not only ourselves who ought to be saying no to
7 drugs, too, as well as the kids, can show our young people
8 that it's time that education that we all rely so much
9 on got better defined. That we show our kids how better
10 to act as good citizens, not by telling them to say no,
11 but by doing, and by our doing, they can see what we're
12 saying and doing.

13 The most common Spanish word for to educate, to
14 teach, is not the English word to instruct or to teach,
15 but the same word means to show. We need to show. We
16 don't need to brainwash, and inculcate, and instruct,
17 because that's a violation of the psyche.

18 One reason I suspect that many minority kids
19 turn off the very school system that we're going to rely
20 on to educate the kids about the evils of drugs is that
21 they don't like to be turned off that way with facts and
22 figures crammed in their heads. I did that for 16 years
23 and I wouldn't do it again.

24 There has to be a more objective nonthreatening
25 way to deal with the kinds of issues that drive many of
26 our minority kids from school and to the institutions that
27 the CYA people and the Corrections people talked about
28 this morning.

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1 I earn my living, ironically -- and I just
2 say this parenthetically -- as parolee fitness coordinator
3 for the County Probation Department in Los Angeles, the
4 largest probation department in the country. I would
5 hope that sometime in the future you continue this
6 dialogue with a significant county perspective. After
7 all, we're an incarceration agency for minors in the
8 county. We're where it's at. Three-fourths are all black
9 and brown. That you get a response from county probation
10 people where it first starts. I think that would be
11 helpful in the structure you heard this morning, because
12 I think it's very incomplete. The base was not there.

13 In closing, I would like to ask that the
14 Legislature through your hearing here perhaps consider
15 taking a serious look, as once upon a time the Senate
16 Select Committee on Alcoholic Beverages did, on the whole
17 control system, whether it's ABC, the DADP aspect of it,
18 for example.

19 For example, I was active in the State prevention
20 plan that Mr. Veatch talked about this morning. We
21 threatened a press conference to get it released because
22 it was being tied up somewhere.

23 They dealt with public policy initiatives,
24 taxation, and advertising controls on this particular drug.
25 We need to reopen the whole dialogue on how we're going to
26 deal with a legal drug without being too harsh on it, but
27 in a more balanced way, so that we protect the public health
28 and safety as opposed to business convenience and

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1 and necessity. We know that's there. We know it means
2 jobs. The problem is it's hurting in other aspects of our
3 life. At the county level -- and I've been on the County
4 Commission on Alcoholism -- we find that in L.A. County,
5 the cost of alcohol misuse is much greater in the combined
6 county agencies dealing with health and safety. It's a
7 welfare problem. I would suspect that there's a lot of
8 political appropriate, reasonable gains to be made by
9 anybody in either party if they take a real look at some
10 of these issues, especially if minorities to get themselves
11 felt in the political process, in the education process.
12 You can't afford to have us running around loose if we
13 haven't taken care of our relationship with alcohol and
14 other drugs, because we don't stay put in our ghettos and
15 barrios anymore.

16 It's important that you involve those who are
17 the potential expert people who will follow up on what I
18 have been saying with respect to research that would tend
19 to back us up.

20 Thank you much for the opportunity to be
21 heard again, sir. I would hope that it's not too long
22 before the kind of things that you and I were talking
23 about here two and a half years ago -- a year and a half
24 ago. And I think there were three of us in support of your
25 bill to allow ABC to keep some of its fees and fines. And
26 we all know what happened in killing off that dream. It's
27 bigger than both of us here. Thank you, sir.

28 CHAIRMAN SEYMOUR: Thank you very much. I want

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1 to say thank you for your years of commitment and dedica-
2 tion to the issue. And most of you in this room and those
3 who were here earlier today have given a lot more than
4 I have and probably will in the future give because I'm
5 new on the scene.

6 On the other hand -- and I know how frustrating
7 these experiences have been -- but I see progress. And
8 I believe now is the time to strike. Sure, we lost that
9 bill, Ray, with ABC and trying to put some hands on some
10 money. But then we put together some other bills, 920 and
11 921 you recall.

12 Unfortunately, it took the death of Len Bias
13 and the other athlete in order to get those bills out.
14 But they got out. What is that? That's \$12 million a year.
15 Or that's at least what was projected would come as a
16 result of 920 and 921.

17 Now, we have this Federal fund. That's about
18 another 42 million a year that will be coming into this
19 State. Now is the opportunity. So, I know how you've been
20 batting your head against the wall and my Committee for
21 that. But don't give up.

22 MR. CHAVIRA: My license plate still says
23 SINTAX, sir.

24 Thank you.

25 CHAIRMAN SEYMOUR: We'll have to talk about that
26 one. Well, thank you very much. It's been a very thorough
27 and complete hearing.

28

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1 You've been very good witnesses and a good
2 audience.

3 Thank you.

4 (Thereupon the hearing was
5 adjourned at 2:59 p.m.)

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CERTIFICATE OF SHORTHAND REPORTER

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2
3 I, Nadine J. Parks, a shorthand reporter of
4 the State of California, do hereby certify:

5 That I am a disinterested person herein; that
6 the foregoing hearing before the Senate Select Committee
7 on Drug and Alcohol Abuse was reported in shorthand by me,
8 Nadine J. Parks, and thereafter transcribed into
9 typewriting.

10 I further certify that I am not of counsel or
11 attorney for any of the parties to said hearing, nor in
12 any way interested in the outcome of said hearing.

13 IN WITNESS WHEREOF, I have hereunto set my
14 hand this 15th day of December, 1986.

15
16 
17 Nadine J. Parks
18 Shorthand Reporter
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